



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2015 JUN 30 AM 8:36

SECRETARY OF STATE
STATE OF IDAHO

The undersigned partnership hereby files a statement of partnership authority, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-303.

1. The name of the partnership is: J & T SPORTS

2. The street address of its chief executive office is: 494 North Marsh Creek Road
McCammon, Idaho 83250

3. The street address of one (1) office in Idaho: n/a

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
John Ammon	PO Box 484 Inkom, Idaho 83245
Tamra Ammon	PO Box 484 Inkom, Idaho 83245

OR the name and address of the agent in Idaho who maintains a list of all partners:

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

John Ammon	_____	_____
Tamra Ammon	_____	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) John Ammon

Typed Name John Ammon

2) Tamra Ammon

Typed Name Tamra Ammon

3) _____

Typed Name _____

scorpforms/partnershipauth.pdf
Revised 09/2002
Web Form

Secretary of State use only

IDaho SECRETARY OF STATE

06/30/2015 05:00

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