



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED/EFFECTIVE

2002 NOV -4 AM 10:13

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.

- The name of the partnership is: Post Falls Partners
- The street address of its chief executive office is: 6929 N. Greenwood Blvd
Spokane, Wa. 99208 Larry Medina
- The street address of one (1) office in Idaho: John Roberge
1538 E. River Place 83854 Post Falls ID.
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>A. John Roberge</u>	<u>641 Sand wedge dr. Post Falls ID</u>
<u>William A. Medina</u>	<u>1125 W. Wedgewood Spokane WA</u>

OR the name and address of the registered agent in Idaho is:

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

Larry Medina
John Roberge

- Signature of at least 2 partners:

1) [Signature]

Typed Name Larry A. Medina

2) [Signature]

Typed Name John Roberge

3) _____

Typed Name _____

Secretary of State use only

g:\corpforms\partnership\partnershipautn.p65
Revised 01/2001

IDAHO SECRETARY OF STATE
11/04/2002 05:00
CK: 1069056 CT: 164710 BH: 644150
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 CORP SUR # 3

K 84