



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2003 JAN 10 AM 9:23

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: 4/5 Caliber Ranches, a general partnership
2. The street address of its chief executive office is: 380 N 400 E, Blackfoot, Idaho 83221
3. The street address of one (1) office in Idaho: 380 N 400 E, Blackfoot, Idaho 83221
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Ralph D. Heckard</u>	<u>238 Oakwood Drive, Pocatello, ID 83204</u>
<u>Linda A. Popelka</u>	<u>238 Oakwood Drive, Pocatello, ID 83204</u>
<u>Wayne Christiansen</u>	<u>380 N 400 E, Blackfoot, ID 83221</u>

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

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

<u>Ralph D. Heckard</u>	<u>Kathryn L. Christiansen</u>	_____
<u>Linda A. Popelka</u>	_____	_____
<u>Wayne Christiansen</u>	_____	_____

6. Signature of at least 2 partners:

1) *Ralph D. Heckard*

Typed Name Ralph D. Heckard

2) _____

Typed Name Wayne Christiansen

3) *Kathryn L. Christiansen*

Typed Name Kathryn L. Christiansen

Secretary of State use only

g:\corplforms\partnership\auth.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
01/10/2003 05:00
CK: 1019 CT: 140101 BH: 656076
1 @ 100.00 = 100.00 PARTN AUTH # 2

K 99

Attachment to "Statement of Partnership Authority"
Name and mailing address of additional partner:

Kathryn L. Christiansen 380 N. 400 E., Blackfoot, ID 83221