

## STATEMENT OF PARTNERSHIP AUTHORITY

## FILED EFFECTIVE

09 APR -2 AM 8: 32

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

the undersigned partnership hereby the following information to the Secret	•	•
1. The name of the partnership is: <u>s</u>	HIPPEN RANCHES	•
2. The street address of its chief exec	cutive office is: 763 N 3	500 E
Menan, ID 83434		-
3. The street address of one (1) office	e in Idaho: 763 N 3500	E
Menan, ID 83434		
4. The names and mailing addresses	s of all partners (attached s	sheets may be added):
Name Emmett Shippen	Address 3443 E 800 N Mena	n, ID 83434
W Rônald Shippen 763 N 3500 E Menan, ID 83434		n, ID 83434
5. The names of the partners authori held in the name of the partnership:  Emmett Shippen	zed to execute an instrum	ent transferring real property
W Ronald Shippen		
6. Signature of at least 2 partners:		Secretary of State use only
Typed Name Emmett Shippen	forms/gprforms/partnershipauth.p65	
Typed Name W Ronald Skippen	rate of the control o	