



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

10 APR -5 PM 12: 25

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.

- The name of the partnership is: Silver Stiletto Salon Spa
- The street address of its chief executive office is: 604 Bunker Ave Suite 7C
Kellogg, Idaho 83837
- The street address of one (1) office in Idaho: 604 Bunker Ave Suite 7C
Kellogg, Idaho 83837
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Shawn Markus</u>	<u>15699 S Hwy 3, Cataldo, Idaho 83810</u>
<u>Jan Higbee</u>	<u>21484 S. Labour Creek Rd, Cataldo, Idaho 83810</u>
<u>Cynthia Larson</u>	<u>2359 Riverside Ave, Kellogg, Idaho 83837</u>

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

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

<u>Shawn Markus</u>	_____	_____
<u>Jan Higbee</u>	_____	_____
<u>Cynthia Larson</u>	_____	_____

- Signature of at least 2 partners:

- Shawn Markus
Typed Name Shawn Markus
- Jan Higbee
Typed Name Jan Higbee
- _____
Typed Name _____

Secretary of State use only

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Revised 08/2002
Web Form

IDAHO SECRETARY OF STATE
04/05/2010 05:00
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