

## STATEMENT OF PARTNERSHIP FILED EFFECTIVE

(Instructions on back of application)

2505 OCT 11 AM 9: 15

	SECRETARIAN
The undersigned partnership hereby files a statement the following information to the Secretary of State put	nt of partnership authority, and submits
1. The name of the partnership is: <u>J &amp; J pzy</u>	WALL.
2. The street address of its chief executive office is:	
2036 S. FAIRWAY DE CE	PA 10 83815
3. The street address of one (1) office in Idaho: SAME	
4. The names and mailing addresses of all partners	(attached sheets may be added):
Name Address	
JACOB JARMER 2036	S FAIRWAY DIZ
TYLER JARMER SAME	
OR the name and address of the registered agen	t in Idaho is:
5. The names of the partners authorized to execute	an instrument transferring real property
held in the name of the partnership:	
Tyler JARIMER	
6. Signature of at least 2 partners:	
1) fylis 2 farm	Secretary of State use only
Typed Name Tim Ex JARIMER	IDAHO SECRETARY OF STATE  10/11/2005 05 = 00  CK: 1531 CT: 193135 BH: 916193  1 @ 190.00 = 100.00 PARTN AUT # 2  1 @ 20.00 = 20.00 CORP SUR # 3
THE	IDAHO SECRETARY OF STATE
Typed Name Jacob JaR114R	IDAHO SECRETARY OF STATE  10/11/2005 05:00  CK: 1531 CT: 193135 BH: 916193  1 0 100.00 = 100.00 PARTA BUT # 2
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