

Typed Name

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)



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: <u>SATISFACTION PAINTING</u>. 2. The street address of its chief executive office is: 709 NORTH SIXTH AVE. SANDPOINT, ID 83864 3. The street address of one (1) office in Idaho: 709 NORTH SIXTH AVE. SANDPOINT ID 83864 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name STENCER TURNBULL 1790 WESTMOND RD. SAGLE, ID 83860 DANIEL PINCENTI 709 NORTH SIXTH AVE. SANDPOINT, ID 83864 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: SPENCER TURNBULL DANGEL PINKENTI 6. Signature of at least 2 partners: Secretary of State use only SPENCER TURNBULL Typed Name DANIEL PINCENTI