

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

MARIO	۵.
STATE OF OF	AM 8:54

The undersigned partnership her the following information to the S	reby files a statement of partnership authority, and submits Secretary of State pursuant to Idaho Code § 53-3-303.
1. The name of the partnership is	parodant to Idano Code § 53-3-303
	executive office is: 1521 Highway 99 Troy ID 83571
3. The street address of one (1) o	office in Idaho:
Daniel Leonard	ses of all partners (attached sheets may be added): Address POB 53 Kendrick ID 83537
Trisha Leonard	POB 53 Kendrick ID 83537
OR the name and address of th	e registered agent in Idaho is:
The names of the partners authorald in the name of the partnership: Daniel Leonard	e registered agent in Idaho is: Orized to execute an instrument transferring real property
The names of the partners authored in the name of the partnership.	