

STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

2013 FEB 19 AM 9: 32

T th	he undersigned partnership hereby ne following information to the Secre	files a state tary of State	ment of pare e pursuant t	SECTION OF STATE tnepship authority and submits o Idaho Code § 53-3-303.
1.	The name of the partnership is: WESTSIDE ESTATES			
2.	The street address of its chief exec	cutive office	is:	st 11th Street, Weiser, ID 83672
3.	The street address of one (1) office in Idaho: Same as above. The office is located at 1809 East 11th Street, Weiser, ID 83672			
4.	The names and mailing addresses Name James S Whiting	Address		d sheets may be added): Weiser, ID 83672
	Robert P Whiting	752 East 1870 North, Orem, UT 84097		
	Charles R Whiting	2198 East 2050 North, UT 84041		
5. hel	OR the name and address of the ag The names of the partners authorized in the name of the partnership:	 .	<u> </u>	
	James S Whiting			
	Robert P Whiting Charles R Whiting	MN	tut,	
	Signature of at least 2 partners: 1) Least 2 partners: Typed Name James S Whiting 2) Typed Name Charles R Whiting 3) Typed Name		Corp/forms/partnershipauth.p65 Revised 09/2002	Secretary of State use only IDAHO SECRETARY OF STATE

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