CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY AND QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

FILED EFFECTIVE

2009 JUN -9 PM 12:38
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is:
   Boomers Ad-vend-ture
2. It's prior name, if any, was:
   N/A - none
3. The street address of its chief executive office is:
   4251 N 2100E, Filer, ID 83328
4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:
   Linda Zink, 4251 N 2100E, Filer, ID 83328
5. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Robin Romney	4253 N 2100E, Filer, ID 83328
Linda Zink	4251 N 2100E, Filer, ID 83328
Don Zink	4251 N 2100E, Filer, ID 83328

6. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:
   Robin Romney
   Linda Zink
7. The mailing address for future correspondence is:
   4251 N 2100E, Filer, ID 83328
8. The above-named partnership elects to be a limited liability partnership.
9. Future effective date (optional) _____
10. Signatures of at least 2 partners:
    1) [signature]
    Typed Name Robin Romney
    2) [signature]
    Typed Name Linda Zink

Secretary of State use only

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Revised 02/2003

IDAHO SECRETARY OF STATE
06/09/2009 05:00
CK: 259688 CT: 172099 BA: 1173934
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3
K744