



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

09 JUN 18 AM 8:53

SECRETARY OF STATE  
STATE OF IDAHO

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: Heavenly Treasures DayCare
2. The street address of its chief executive office is: 406 S. Division St.  
Pinehurst Id. 83850
3. The street address of one (1) office in Idaho: 406 S. Division St.  
Pinehurst Id. 83850

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Sannette Robinett</u>	<u>P.O. Box 1101 Pinehurst Id. 83850</u>
<u>Laura Wilson</u>	<u>P.O. Box 97 Pinehurst Id. 83850</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Sannette Robinett  
Laura Wilson

6. Signature of at least 2 partners:

1) Sannette Robinett

Typed Name Sannette Robinett

2) Laura Wilson

Typed Name Laura Wilson

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

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06/18/2009 05:00  
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Revised 09/2002

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