



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
2015 NOV 30 AM 9:08

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: ValleyWave Communications

2. The street address of its chief executive office is: 716 Montana St. Mullan, ID 83846

3. The street address of one (1) office in Idaho: 716 Montana St. Mullan, ID 83846

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

| Name | Address |
|----------------------|---|
| <u>Keith Newell</u> | <u>P.O. Box 15 Mullan, ID 83846</u> |
| <u>Travis Newell</u> | <u>512 A Main St. Kellogg, ID 83838</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:

| | | |
|----------------------|-------|-------|
| <u>Keith Newell</u> | _____ | _____ |
| <u>Travis Newell</u> | _____ | _____ |
| _____ | _____ | _____ |

6. Signature of at least 2 partners:

1) *Keith Newell*

Typed Name Keith Newell

2) *Travis Newell*

Typed Name Travis Newell

3) _____

Typed Name _____

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Revised 09/2002

Secretary of State use only
IDAHO SECRETARY OF STATE
11/30/2015 05:00
CK:CASH CT:317373 BH:1502281
1@ 100.00 = 100.00 PARTN AUT #2

Web Form

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