

FILED EFFECTIVE

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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2015 JUN 11 PM 3:02

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: Purington Family Partnership
- 2. The street address of its chief executive office is: 3333 11TH ST, LEWISTON, ID 83501
- 3. The street address of one (1) office in Idaho: _____

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

Name	Address
<u>LANNY G. PURINGTON</u>	<u>3333 11th ST, Lewiston, ID 83501</u>
<u>LONNIE MADER</u>	<u>1903 Burrell Ave, Lewiston, ID 83501</u>
<u>DANNY J. PURINGTON</u>	<u>1310 N RD 36, Pasco, WA 99301</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>LANNY G. PURINGTON</u>	<u>LONNIE MADER</u>	<u>DANNY J. PURINGTON</u>
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

Danny J. Purington
 Typed Name Danny J. Purington

2) *Lonnie Mader*
 Typed Name Lonnie J. Mader

3) _____
 Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
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 Rec'd 06/20/2015
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