



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

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: Country Flowers

2. The street address of its chief executive office is: 1005 Main St

Buhl, Id 83316

3. The street address of one (1) office in Idaho: 1005 Main St

Buhl, Id 83316

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

Name

Address

Lavona Elam 3933 N 1500 E Buhl Id 83316

Lisa Bland 830 Robins, Twin Falls, ID 83301

OR the name and address of the registered agent in Idaho is:

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

Lavona Elam Lisa Bland

6. Signature of at least 2 partners:

1) Lavona Elam

Typed Name

2) Lisa Bland

Typed Name

3)

Typed Name

Secretary of State use only

g:\corp\forms\partnership\auth.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
02/03/2004 05:00  
CK: 111 CT: 176215 BH: 725181  
1 @ 100.00 = 100.00 PARTN AUT # 2  
1 @ 20.00 = 20.00 CORP SUR # 3

K 158