

Typed Name

STATEMENT OF PARTNERSHIP **AUTHORITY**

FILED EFFECTIVE

(Instructions on back of application)

2007 SEP 23 (J. 8: 42

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:	ROCHA DAIRY	<u> </u>
	cutive office is: 3164 SOUTH 2050 E, WEND	ELL ID 83355
3. The street address of one (1) office	e in Idaho: 3164 SOUTH 2050 EAST, WENDEL	L ID 83355
4. The names and mailing addresse	s of all partners (attached sheets may be add	ded):
Name	Address	
JOSE C. ROCHA	3164 SOUTH 2050 EAST, WENDELL ID 8	
IDA C. ROCHA	3164 SOUTH 2050 EAST, WENDELL ID 8	
ELCIDIO "AL" ROCHA	3164 A SOUTH 2050 EAST, WENDELL ID	
BARBARA ROCHA DENNIS COELHO	3164 A SOUTH 2050 EAST, WENDELL ID	
DOLORES M. COELHO	3164 B SOUTH 2050 EAST, WENDELL ID	
OR the name and address of the 5. The names of the partners author held in the name of the partnership:	ized to execute an instrument transferring re	eal property
JOSE C. ROCHA IDA C. ROCHA ELCIDIO "AL" ROCHA Si	gnature:of all partners required.	
BARBARA ROCHA DENNIS COELHO DOLORES M. COELHO		. A. A. A. S. S
6. Signature of at least 2 partners:		
1) Elculio al Rocke	Secretary of State us	se only
Typed Name, Elcidio Al Rocha 2) Day Vern Locko	TIONO CCCDET	'ADV OF OTATO
Typed Name Barbara Rocha	09/25/20 CK: 14380 CT: 1	668 BH: 498882
3)	Bowlessed 01/2001 Bowlessed 01/2001 CK: 14308 CT: 1 1 6 100.90 = 100	.00 PARTH AUT # 2