



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2007 SEP 15 PM 1:58

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: KYRA CLOTHING PRODUCTIONS
2. The street address of its chief executive office is: 242 SHERWOODS RD  
SAGLE, ID 83860
3. The street address of one (1) office in Idaho: 2-2 SHERWOODS RD  
SAGLE, ID 83860
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>KYLE BOSTOCK</u>	<u>242 Sherwoods Rd Sagle, ID 83860</u>
<u>IRA MCBEE</u>	<u>8695 W Mangold St. Boise, ID 83714</u>
_____	_____

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:

<u>KYLE BOSTOCK</u>	_____	_____
<u>IRA MCBEE</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- 1) [Signature]  
Typed Name KYLE BOSTOCK
- 2) [Signature]  
Typed Name IRA MCBEE
- 3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

g:\corpforms\forms\partnershipauth.pdf Revised 01/2001

IDAHO SECRETARY OF STATE  
09/15/2003 05:00  
CK: 529 CT: 172957 BH: 781758  
1 @ 100.00 = 100.00 PARTN AUT # 2  
1 @ 20.00 = 20.00 CORP SUR # 3

K 142