

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

PH 2: 30

The undersigned partnership hereby fit the following information to the Secreta	les a statement of partnership authority, and submits ary of State pursuant to Idaho Code § 53-3-303.		
1. The name of the partnership is: Kootenai Valey Press			
		4. The names and mailing addresses	of all partners (attached sheets may be added):
		Name Michael D. Weland	Address 7111 Oak, Bonners Ferry, ID 83805
Debra A. Weland	7111 Oak, Bonners Ferry, ID 83805		
OR the name and address of the r5. The names of the partners authorized held in the name of the partnership:Michael D. Weland	zed to execute an instrument transferring real property		
Debra A. Weland			
6. Signature of at/least 2 partners. 1) Typed Name Michael D. Weland 2) Typed Name Debra A. Weland	Secretary of State use only Secretary of State use only		
3) Typed Name	IDANO SECRETARY OF STATE ##################################		

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