



# AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

(instructions on back of application)

**FILED EFFECTIVE**

2017 JAN -6 AM 9:44

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the partnership authority is:

POST FALLS ENTERPRISES

2. The date of which its statement of partnership authority was filed with the Idaho

Secretary of State was 01/08/2016 and its domestic state is: IDAHO

3. The statement of partnership authority is amended as follows: [check appropriate box(es)]

☐ a. The name of the partnership authority is amended to read:

☒ b. The name of each withdrawing partner is:

KKB ENTERPRISES INC

☐ c. The name and business address of each new partner is: (if more space is needed, continue in block e)

☐ d. The name(s) of partners added or removed for authorization to execute an instrument transferring real property held in the name of the partnership:

Add: \_\_\_\_\_

Remove: \_\_\_\_\_

☐ e. Other amendments (optional):

Signature of at least two (2) partners:

Signature \_\_\_\_\_

Typed Name COREY CHAPMAN

Signature \_\_\_\_\_

Typed Name KARLA BARNES

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/2017 05:00

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Revised 11/2010

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