



# 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 \_\_\_\_\_

g:\ccpforms\forms\starmend\_pa.pmd  
Revised 11/2010

Secretary of State use only

IDAHO SECRETARY OF STATE

01/06/2017 05:00

CK:2319 CT:305084 BH:1562688  
1@ 30.00 = 30.00 STMT AMEN #2

121333