

STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(instructions on back of application)

2010 AUG 10 PM 4: 28

STATE OF IDAHO

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. The name of the partnership is: ____

JTC Enterprises 2. The street address of its chief executive office is: Idaho Falis, ID 83401 3. The street address of one (1) office in Idaho: Idaho Falls, ID. 83401 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name 3985 Flaming Rock Rd. Idaho Falls, ID. 83401 **Tim Topliff** James Milloway 2598 East Cottonwood Idaho Falls, ID 83401 Clay McCormick 949 Lowell Dr. Idaho Falls, ID. 83402 OR the name and address of the agent in Idaho who maintains a list of all partners: 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: Tim Faaliff James Milloway Clay McCormick Signature-of at least 2-partners: 8-8-10 Secretary of State use only Typed Name Tim Topiffi

8-10-10

James Milloway

Typed Name

Typed Name

morms/gpforms/perdners/ Revised og/2002 K802

IDAHO SECRETARY OF STATE
08/11/2010 05:00
CK: 493082 CT: 172099 BH: 1234259
1 8 100.00 = 100.00 PARTN AUT # 2