



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2016 JAN -8 AM 10:23

SECRETARY OF STATE
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.

1. The name of the partnership is: Post Falls Enterprises
2. The street address of its chief executive office is: 10118 W. Snowshoe Rd.
Post Falls, Idaho 83854
3. The street address of one (1) office in Idaho: 6948 Majestic Ave., Rathdrum
Idaho 83858
4. The names and mailing addresses of all partners (attached sheets may be added):

Name
KKB Enterprises Inc.

Address 22918 N. McKenzie, Rathdrum, ID 83858

Corey Chapman LLC

6914 N. Majestic Ave, Rathdrum, ID

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:

*in the name of the pa
Karla Barnes*

Corey Chapman

6. Signature of at least 2 partners:

1) Karla Barnes

Typed Name KARLA BARNES

A handwritten note consisting of the number '2)' followed by a horizontal line and a wavy line.

Typed Name Corey Chapman

3) _____

Secretary of State use only

Digitized by srujanika@gmail.com

IDAHO SECRETARY OF STATE

01/06/2016 05:00

CR:3503644 CT:172099 BH:1507641
week@ 100.00 = 100.00 PARTN AUT #2
1@ 20.00 = 20.00 CORP SUR #3
1@ 20.00 = 20.00 EXPENSES #4

Expedited Service Please! ☺

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