



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: 6914 Majestic Ave., Rathdrum,
Idaho 83858
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>KKB Enterprises Inc.</u>	<u>22918 N. McKenzie, Rathdrum, ID</u> <u>83858</u>
<u>Corey Chapman LLC</u>	<u>6914 N. Majestic Ave, Rathdrum, ID</u> <u>83858</u>

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:

<u>Karla Barnes</u>	_____	_____
<u>Corey Chapman</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) <u>Karla Barnes</u>
Typed Name <u>KARLA BARNES</u>
2) <u>[Signature]</u>
Typed Name <u>Corey Chapman</u>
3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/08/2016 05:00

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Expedited Service please! ☺

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