



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2014 NOV -5 AM 8:56
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.

- The name of the partnership is: Penultimate Vision
- The street address of its chief executive office is: 104 E Wendle Ave, Parma, ID 83660
- The street address of one (1) office in Idaho: 104 E Wendle Ave, Parma, ID 83660
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Claudia N Johnston</u>	<u>PO Box 321, Parma, ID 83660-0321</u>
<u>Roseann Morgan</u>	<u>PO Box 521, Ontario, OR 97914-0521</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Claudia N Johnston</u>	<u></u>	<u></u>
<u>Roseann Morgan</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

- Signature of at least 2 partners:

1) Claudia N Johnston

Typed Name Claudia N Johnston

2) Roseann Morgan

Typed Name Roseann Morgan

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

11/05/2014 05:00

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Revised 09/2002
Web Form

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