

FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2010 MAY 12 PM 2:12

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: Unlimited Health Chiropractic

2. The street address of its chief executive office is: 320 E. Neider Ave. Suite 105 Coeur d'Alene, ID 83815

3. The street address of one (1) office in Idaho: 320 E. Neider Ave. Suite 105 Coeur d'Alene, ID 83815

4. The names and mailing addresses of all partners (attached sheets may be added):

| Name              | Address   |
|-------------------|---|
| <u>Jana Hull</u>  | <u>320 E. Neider Ave. Ste 105 Coeur d'Alene, ID 83815</u> |
| <u>Brian Hull</u> | <u>320 E. Neider Ave. Ste 105 Coeur d'Alene, ID 83815</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:

Jana Hull  
Brian Hull

6. Signature of at least 2 partners:

1) [Signature]

Typed Name Brian Hull

2) Jana Hull

Typed Name JANA HULL

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/12/2010 05:00

CK: 435892 CT: 172099 BH: 1221981

1 @ 20.00 = 20.00 EXPEDITE # 2

IDAHO SECRETARY OF STATE  
05/12/2010 05:00  
CK: 2011 CT: 247922 BH: 1221981  
1 @ 100.00 = 100.00 PARTN AUT # 2  
1 @ 20.00 = 20.00 CORP SUR # 3

K835