



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

08 NOV -6 AM 8:52

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: 2 Brothers Building
- The street address of its chief executive office is: 916 Hankins Rd North, Twin Falls, ID 83301
- The street address of one (1) office in Idaho: 916 Hankins Rd North, Twin Falls, ID 83301
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Sidney Edwards III</u>	<u>916 Hankins Rd North, Twin Falls, ID 83301</u>
<u>Gayland Edwards</u>	<u>237 S. 875 E., Jerome, ID 83338</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>Sidney Edwards III</u>	_____	_____
<u>Gayland Edwards</u>	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

1) *Sidney Edwards III*
 Typed Name Sidney Edwards III

2) *Gayland Edwards*
 Typed Name Gayland Edwards

3) _____
 Typed Name _____

Secretary of State use only

g:\compliance\forms\partnershipauth.pdf

Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE
 11/06/2008 05:00
 CK: 2252 CT: 231222 BH: 1143356
 1 @ 100.00 = 100.00 PARTN AUT # 2

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