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FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2016 MAY 12 AM 8:58

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: COLD CREEK KENNELS OF IDAHO
- The street address of its chief executive office is: 10105 KARMA WAY  
NEWDALE, ID 83436
- The street address of one (1) office in Idaho: 10105 KARMA WAY  
NEWDALE, ID 83436
- The names and mailing addresses of all partners (attached sheets may be added):

Name

Address

_____	_____
_____	_____
_____	_____

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

MICHAEL JAY PARKER10105 KARMA WAY NEWDALE, ID

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

MICHAEL JAY PARKERTRACY L PARKER

- Signature of at least 2 partners:

1) Typed Name MICHAEL JAY PARKER2) Typed Name TRACY L PARKER

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

05/12/2016 05:00

CK:3851046 CT:172099 BH:1528158

1@ 100.00 = 100.00 PARTN AUT #2

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Revised 03/2002

Web Form

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