



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

11 FEB -4 AM 8:42

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: William Phillips & Sons

2. The street address of its chief executive office is: _____

904 N. 1200 W. Blackfoot, Idaho 83221

3. The street address of one (1) office in Idaho: _____

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

Name	Address
<u>W. Douglas Phillips</u>	<u>904 N. 1200 W. Blackfoot, Idaho 83221</u>
<u>Benjamin Phillips</u>	<u>739 N. 1200 W. Blackfoot, Idaho 83221</u>
_____	_____

OR the name and address of the registered agent in Idaho is:

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

<u>W. Douglas Phillips</u>	_____	_____
<u>Benjamin Phillips</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *W. Douglas Phillips*

Typed Name W. Douglas Phillips

2) *Benjamin Phillips*

Typed Name Benjamin Phillips

3) _____

Typed Name _____

Secretary of State use only

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Revised 01/2001
Web Form

IDAHO SECRETARY OF STATE
02/04/2011 05:00
CK: 7089 CT: 255113 BH: 1258478
1 @ 100.00 = 100.00 PARTN AUT # 2

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