



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2016 OCT -7 AM 9:3

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: Caboodle Events

2. The street address of its chief executive office is: _____
1441 Willamette Dr. Post Falls, ID 83854

3. The street address of one (1) office in Idaho: _____
1441 Willamette Dr. Post Falls, ID 83854

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

Name	Address
<u>R Scott Pingel</u>	<u>1441 Willamette Dr., Post Falls, ID 83854</u>
<u>Sharon L Pingel</u>	<u>1441 Willamette Dr., Post Falls, ID 83854</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:

R Scott Pingel _____

Sharon L Pingel _____

6. Signature of at least 2 partners:

1) [Signature]
Typed Name R Scott Pingel

2) [Signature]
Typed Name Sharon L Pingel

3) _____
Typed Name _____

Secretary of State use only

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Revised 09/2002
Web Form