

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2016 OCT -7 AM 9: 3

SECRETARY OF STATE STATE OF TOAHO

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 partners!	hip is:
2. The street address of its o	chief executive office is:
1441 Willamette Dr. Post Fall	is, ID 83854
3. The street address of one	(1) office in Idaho:
1441 Willamette Dr. Post Fall	s, ID 83854
4. The names and mailing a	ddresses of all partners (attached sheets may be added):
Name	Address
R Scott Pingel	1441 Willamette Dr., Post Falls, ID 83854
Sharon L Pingel	1441 Willamette Dr., Post Falls, ID 83854
OR the name and address	s of the agent in Idaho who maintains a list of all partners:
- · · · · · · · · · · · · · · · · · · ·	s authorized to execute an instrument transferring real property
held in the name of the partn R Scott Pingel	ership:
Sharon L Pingel	
6. Signature of at least 2 pa	rtners:
Typed Name R Scott Pingel	Secretary of State use only
2) Alal sullema	IDAHO SECRETARY OF STATE
Character Street	10/07/2016 05:00 E S CK:1232 CT:323904 BH:1543892
Typed Name Sharon L Ringe	CK: 1232 CT: 323904 BH: 1543892
3)	- Age of the state
Typed Name	IDAHO SECRETARY OF STATE 10/07/2016 05:00 CK:1232 CT:323904 BH:1549892 10:00 psylva Web Form