

STATEMENT OF PARTNERSHIP **AUTHORITY**

(instructions on back of application)

FILED EFFECTIVE

07 AUG 13 AM 9: 48

The undersigned partnership hereby the following information to the Secre	files a statement of partne tary of State pursuant to I	SECRETARY OF STATE prints and Code § 53-3-303.
1. The name of the partnership is:	iscoll's Handmade Leather Goo	ods
2. The street address of its chief exe	127 E Adh	ur Ave.
Glenns Ferry, ID 83623 3. The street address of one (1) office	e in Idaho:	ve. Glenns Ferry, ID 83623
The names and mailing addresse Name	s of all partners (attached Address PO Box 314 Glenns Fen	
Raechel Driscoll Anthony Driscoll	PO Box 314 Glenns Fen	
OR the name and address of the 5. The names of the partners autho held in the name of the partnership: Raechel Driscoll	rized to execute an instru	
Anthony Driscoll		
6. Signature of at least 2 partners: 1) Recht Marcuscoll Typed Name Raechel G. Driscoll 2) Typed Name Anthony H. Driscoll 3) Typed Name	Commitgation and pure from the purity and the purit	Secretary of State use only IDAHO SECRETARY OF STATE

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