

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

The undersigned partnership hereby files a statement of partnership authority and submit the following information to the Secretary of State pursuant to Idaho Code § 53-8-3033

The name of the partnership is: _	KLOSTERMAN & KLOSTERMAN	<u>m</u>
The street address of its chief exe	ecutive office is:	
The street address of one (1) office	se in Idaho:	
The names and mailing addresse	s of all partners (attached sheets may be add	led):
Name KENT L KLOSTERMAN	Address 70 WEST 630 LANE SOUTH, RUPERT, ID 83350	
HOLLY J KLOSTERMAN	70 WEST 630 LANE SOUTH, RUPERT, ID 833	50
The names of the partners author d in the name of the partnership: KENT L KLOSTERMAN	rized to execute an instrument transferring re	al property
HOLLY J KLOSTERMAN		
· • ·		
Signature of at least 2 partners:		
Typed Name KENT L KLOSTERMAN 2) Holly & Klost	Secretary of State us	e only
Typed Name HOLLY J KLOSTERMAN		TARY OF STATE
Typed Name	Ø7/31/2 CX: 5721 CT:	006 05: 178949 M: 96