FILED EFFECTIVE 2/6

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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2009 NOV 20 AM 10:48
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: SUSAN & SHAWN FAMILY PARTNERSHIP

2. The street address of its chief executive office is: 424 E SHERMAN AVE
COEUR D ALENE, IDAHO 83814

3. The street address of one (1) office in Idaho: 420 SUNSET DR. PAYETTE, ID 83661

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

Name	Address
SUSAN JOSEPHSON	P.O. BOX 579 PAYETTE, ID 83661
SHAWN CARR	3680 E JORDAN STREET POST FALLS, ID 83854

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:
SUSAN JOSEPHSON
SHAWN CARR

6. Signature of at least 2 partners:

1) _____
Typed Name SUSAN JOSEPHSON
2) Susan Josephson
Typed Name SHAWN CARR
3) _____
Typed Name

Secretary of State use only

Revised 03/2002

Web Form

IDAHO SECRETARY OF STATE
11/20/2009 05:00
CK: 336474 CT: 172099 BH: 1196217
1 @ 100.00 = 100.00 PARTN QUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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