

Typed Name

STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

(20-5) 1 2 3 9:09

	SECURIOR OF STATE
	files a statement of partnership authority, and submits tary of State pursuant to Idaho Code § 53-3-303.
1. The name of the partnership is: RO	
2. The street address of its chief exec	cutive office is: 840 MOON SHADOW RD
BONNERS FERRY ID 83805	· · · · · · · · · · · · · · · · · · ·
The street address of one (1) office	e in Idaho:
BONNERS FERRY ID 83805	
4. The names and mailing addresses	of all partners (attached sheets may be added):
Name	Address
KEN BYLER	840 MOON SHADOW RD BONNERS FERRY ID 83805
LEROY HOSTETLER	598TEMPLEMAN LAKE RD BONNERS FERRY ID 83805
·	
OR the name and address of the ac	gent in Idaho who maintains a list of all partners:
5. The names of the partners authorized held in the name of the partnership: KEN BYLER	zed to execute an instrument transferring real property
LEROY HOSTETLER	
6. Signature of at least 2 partners:	
1) Van Byler	Secretary of State use only
Typed Name KEN BYLER	anth pg
2)	ner ship
Typed Name LEROY HOSTETLER	IDAHO SECRETARY OF STATE ### ### ### ### ### ################
3) Lorry m Stateller	CK: 1037 CT: 203637 BH: 1319299

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