



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2014 JUL -2 AM 8:53

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: CNS Partnership
2. The street address of its chief executive office is: 40 N 400 W Blackfoot, ID 83221
3. The street address of one (1) office in Idaho: 40 N 400 W Blackfoot, ID 83221
4. The names and mailing addresses of all partners (attached sheets may be added):

| Name | Address |
|-------------------|-------------------------------------|
| Stephen Abend | 3510 JOHNNY CREEK RD. Blackfoot, ID |
| Tommy Abend | 450 S Stout Ave Blackfoot, ID |
| Christopher Abend | 40 N 400 W Blackfoot, ID 83221 |

See attached

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:

CHRIS ABEND STEPHEN ABEND

6. Signature of at least 2 partners:

1) [Signature]

Typed Name STEPHEN C. ABEND

2) [Signature]

Typed Name CHRISTOPHER T. ABEND

3) [Signature]

Typed Name Christopher T. Abend

Secretary of State use only

IDAHO SECRETARY OF STATE

07/02/2014 05:00

CK:1281 CT:298599 BH:1431656

@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 CORP SUR #3

g:\corporate\forms\partnership\auth.p65

Revised 09/2002

Web Form

K 1195

Name

Address

David Phillips

58 S 515 W Blackfoot, ID 83221