

FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2016 JUL 27 PM 1:51

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.

- The name of the partnership is: Nelson Brothers Farm
- The street address of its chief executive office is: 1111 Burnt Ridge  
Troy ID 83871
- The street address of one (1) office in Idaho: 304 Michael  
Troy ID 83871
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>John A. Nelson</u>	<u>1111 Burnt Ridge Troy ID 83871</u>
<u>John Kyle Nelson</u>	<u>PoBox 54 Troy ID 83871</u>
_____	_____

OR the name and address of the agent in Idaho who maintains a list of all partners:

\_\_\_\_\_

- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>John A. Nelson</u>	_____	_____
<u>John Kyle Nelson</u>	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

1) <u>John A. Nelson</u>	_____
Typed Name <u>John A. Nelson</u>	_____
2) <u>John Kyle Nelson</u>	_____
Typed Name <u>John Kyle Nelson</u>	_____
3) _____	_____
Typed Name _____	_____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/27/2016 05:00

CK:7786 CT:327242 BH:1539401

1@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 CORP SUR #3

1@ 20.00 = 20.00 EXPEDITE C #4

g:\corp\formal\partnership\auth.p65  
Revised 09/2002

Web Form:

K1390