

## STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

## FILED EFFECTIVE

2014 MAY 19 AH 9: 20

SECRETARY OF STATE STATE OF IDAHO

The undersigned partnership hereby file	s a statem	ent of partnership	authority	, and submits
the following information to the Secretary	y of State	pursuant to Idaho	Code § 5	3-3-303.

ie name or the partitership is	Funky Franks S:	
he street address of its chief	executive office is: 509 southwest ridge dr.RichlandsNC28574	
he street address of one (1)	office in Idaho: 418 joliet caldwell , ID. 83605	
he names and mailing addre	esses of all partners (attached sheets may be added):	
Name	Address	
michael deuel	418 joliet caldwell,ID 83605	
michael <sup>‡</sup> manal touraille	509 southwest ridge,dr.Richland,NC 28574	
melinda touraille	418 joliet caldwell,ID 83605	
OR the name and address of the	the agent in Idaho who maintains a list of all partners:	
	uthorized to execute an instrument transferring real prope	
he names of the partners au in the name of the partnersh	nthorized to execute an instrument transferring real prope	
he names of the partners au in the name of the partnersh Michael Touraille	nthorized to execute an instrument transferring real prope	