



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2012 AUG 30 AM 9:22

SECRETARY OF STATE

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: Kerr-Lantz
2. The street address of its chief executive office is: 2765 N Cochise, Post Falls, ID 83854
3. The street address of one (1) office in Idaho: Same
4. The names and mailing addresses of all partners (attached sheets may be added):

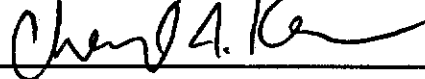
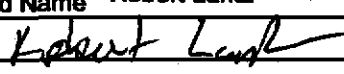
Name	Address
<u>Cheryl Kerr</u>	<u>212 W Ironwood Dr #D-228, CDA, ID 83814</u>
<u>Robert Lantz</u>	<u>2765 N Cochise, Post Falls, ID 83854</u>

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:

<u>Cheryl Kerr</u>	<u></u>	<u></u>
<u>Robert Lantz</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

6. Signature of at least 2 partners:

- 1) 
 Typed Name Cheryl Kerr
- 2)
 Typed Name Robert Lantz
- 3) 
 Typed Name

Secretary of State use only

g:\corpforms\iformal\partnershipauth.pdf

Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE
 08/30/2012 05:00
 CK: 1014 CT: 273779 BH: 1337985
 1 @ 100.00 = 100.00 PARTN AUTH N 2

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