



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2017 APR -3 AM 10:38

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: ADAMS ADAMS RUSSELL
- The street address of its chief executive office is: WEST 1112 APPLEWAY
COEUR D ALENE, IDAHO 83814
- The street address of one (1) office in Idaho: WEST 1112 APPLEWAY
COEUR D ALENE, IDAHO 83814
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>JOHN ADAMS</u>	<u>1928 CANYON DR, COEUR D ALENE, ID 83814</u>
<u>WALLY ADAMS</u>	<u>600 W HUBBARD AVE #39 COEUR D ALENE, ID 83814</u>
<u>CAL RUSSELL</u>	<u>6702 CHIPPEWA DR, BONNERS FERRY, ID 83805</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 ADAMS</u>	_____	_____
<u>WALLY ADAMS</u>	_____	_____
<u>CAL RUSSELL</u>	_____	_____

- Signature of at least 2 partners:

- John Adams

Typed Name JOHN ADAMS
- Wally Adams

Typed Name WALLY ADAMS
- _____

Typed Name CAL RUSSELL

Secretary of State use only

IDAHO SECRETARY OF STATE
04/03/2017 05:00

CK:1493 CT:337286 BH:1576991
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Revised 09/2002
Web Form

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