



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2015 SEP -3 AM 11:24

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: A Brush with Style Nail Salon
- The street address of its chief executive office is: 2023 N. 7th street
Coeur d'Alene, Idaho, 83814
- The street address of one (1) office in Idaho: 2062 Main Street Suite #1, Coeur d'Alene, Idaho 83814

- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Sarah Lynn Boe</u>	<u>2023 N. 7th Street, Coeur d'Alene, Idaho 83814</u>
<u>Shaylin Nikole Bailey</u>	<u>2023 N. 7th Street, Coeur d'Alene, Idaho 83814</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>Sarah Lynn Boe</u>		
<u>Shaylin Nikole Bailey</u>		

- Signature of at least 2 partners:

1) *Sarah Lynn Boe*
Typed Name Sarah Lynn Boe

2) *Shaylin Nikole Bailey*
Typed Name Shaylin Nikole Bailey

3) _____
Typed Name _____

9:\corplforms\partnershipauth.p65
Revised 09/2002

Secretary of State use only
IDAHO SECRETARY OF STATE
09/03/2015 05:00

CK:17270406439 CT:314179 BH:1490846
1@ 100.00 = 100.00 PARTN AUT #2
1@ 20.00 = 20.00 EXPEDITE C #3

Web Form

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