

## STATEMENT OF PARTNERSHIP AUTHORITY

## **FILED EFFECTIVE**

(Instructions on back of application)

| | MAR - 9 AM 8: 38

The undersigned portnership hereb	SECTION OF PORTS OF PORTS OF SUIT OF S
he undersigned partnership hereb he following information to the Sec	y files a statement of partnership authority, and submits retary of State pursuant to Idaho Code § 53-3-303.
. The name of the partnership is: _	HYMARK FARMS
	ecutive office is: 2674 W. 1200 S., ABERDEEN, IDAHO
	83210
The street address of one (1) off	ice in Idaho: 2674 W. 1200 S., ABERDEEN, IDAHO
	83210
	as of all neglects established about may be added:
<ul> <li>I ne names and mailing address</li> <li>Name</li> </ul>	es of all partners (attached sheets may be added):  Address
KEVIN JOHNS	2674 W. 1200 S., ABERDEEN, IDAHO 83210
TRACI JOHNS	2674 W. 1200 S., ABERDEEN, IDAHO 83210
	agent in Idaho who maintains a list of all partners:  prized to execute an instrument transferring real propert
	·
6. Signature of at least 2 partners:	
1) 2: 1/2	Secretary of State use only
Typed Name KEVIN JOHNS	
2) Unci Johns	IDAHO SECRETARY OF STATE
Typed Name TRACI JOHNS	IDAHO SECRETARY OF STATE  3/09/2011 05:266  CK: 4996 CT: 256336 BH: 1263438  1 8 189.08 = 100.00 PARTH AUT # 3
3)	CK: 4996 CT: 256336 BH: 1263438  1 8 188.08 = 108.00 PARTN AUT # 6
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\