



STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

2015 JUN 23 AM 8:49

(Instructions on back of application)

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.

- 1. The name of the partnership is: P & C Lawncare
- 2. The street address of its chief executive office is: 729 2nd Ave. N. Twin Falls ID 83301
- 3. The street address of one (1) office in Idaho: _____

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

| Name | Address |
|----------------------------|--|
| <u>Chris L. Laughlin</u> | <u>729 2nd Ave. N., Twin Falls, Id 83301</u> |
| <u>Patrick J. Laughlin</u> | <u>165 Camarillo Way, Twin Falls, Id 83301</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>Chris L. Laughlin</u> | _____ | _____ |
| <u>Patrick J. Laughlin</u> | _____ | _____ |

6. Signature of at least 2 partners:

- 1) *Patrick J. Laughlin*
Typed Name Patrick J. Laughlin
- 2) *Chris L. Laughlin*
Typed Name Chris L. Laughlin
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
06/23/2015 05:00
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Web - com

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Acrop/karms/signbforms/partnershipauth.p65
Revised 09/2002