

## STATEMENT OF PARTNERSHIP AUTHORITY

## FILED EFFECTIVE

(Instructions on back of application)

2016 APR 13 AM 9: 29

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:	
The street address of its chief	executive office is: 1976 S Lincoln Ave Unit 1A Jerome ID, 8333
. The street address of one (1) o	office in Idaho:
. The names and mailing addre	sses of all partners (attached sheets may be added):
Name Brenda Melena Mendoza	Address 172 W 200 N Jerome, ID, 83338
Gerardo Gonzalez	513 Silverbeach Dr Jerome, ID, 83338
Rosalva Gonzalez	513 Silverbeach Dr Jerome, ID, 83338
i. The names of the partners aut held in the name of the partnersh Brenda Melena Mendoza	thorized to execute an instrument transferring real property ip:
6 Signature of at least 2 portner	
6. Signature of at least 2 partner	las)
Typed Name Gerardo Gonzalez  2)  Typed Name Brenda Melena Mene	Secretary of State use only 10AHO SECRETARY OF STATE  04/13/2016 05:00  CK:104 CT:323123 BH:15233  16 100.00 = 100.00 PARTN AU  doza  16 20.00 = 20.00 EXPEDITE
3)	doza   16 100.00 = 100.00 PARTN AL
Typed Name	