FILED EFFECTIVE

STATEMENT OF PARTNERSHIP AUTHORITY 07 JUL -3 PM 2:11 (Instructions on back of application) SECRETARY OF STATE 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: 2. The street address of its chief executive office is: 180383705 Boise I 3. The street address of one (1) office in Idaho: 1808 W Lemh' St 8370 Boise, IU 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name Boise, IV 83705 KOS OR the name and address of the registered agent in Idaho is: 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: 6. Signature df at least 2 partners: Secretary of State use only Typed I Typed Name IDAHO SECRETARY OF STATE <u>3)</u> Typed Name AUT # 2

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