



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2013 AUG 26 AM 9:20

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: SIMPLY SUBLIME
2. The street address of its chief executive office is: 1143 MIDWAY AVE, AMMON, ID 83406
3. The street address of one (1) office in Idaho: 1143 MIDWAY AVE, AMMON, ID 83406
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
_____	_____
_____	_____
_____	_____

OR the name and address of the agent in Idaho who maintains a list of all partners:

<u>Kaeli Stevens</u>	<u>1143 MIDWAY AVE, AMMON, ID 83406</u>
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5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Kaeli Stevens</u>	_____	_____
<u>Tiana Atwood</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) <u>Kaeli Stevens</u>
Typed Name <u>Kaeli Stevens</u>
2) <u>Tiana Atwood</u>
Typed Name <u>Tiana Atwood</u>
3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/26/2013 05:00
CK: 116 CT: 286823 BH: 1387534
1 @ 100.00 = 100.00 PARTN AUT # 2

Web Form

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