



STATEMENT OF PARTNERSHIP FILED EFFECTIVE 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:

KAELI STEVENS 1143 MIDWAY AVE, AMMON, ID 83406

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) *Kaeli Stevens*

Typed Name KAELI STEVENS

2) *Tiana Atwood*

Typed Name TIANA ATWOOD

3) _____

Typed Name _____

Secretary of State use only

g:\cc\forms\gforms\partnershipauth.pdf
Revised 08/2002
Web Form

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

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