STATEMENT OF PARTNERSHIP       FILED EFFECTIVE         AUTHORITY       2013 AUG 26       AM 9: 20         State of application       SECRETAGE of AM 9: 20         The undersigned partnership hereby files a statement of partnership althority; 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       Address         Mame       Address         Mame       Address         State partnership:       143 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:       KAELI STEVENS         1. How attrees       Secretary of State use only         Ypped Name       Secretary of State use only         1. How attrees       Secretary of State use only	246					
(Instructions on back of application)     SECRETARY OF STATE     STATE	S S			RSHIP	FILED EFFECTIVE	
(Instructions on back of application)     SEGRETATION STATE     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.     The name of the partnership is: SIMPLY SUBLIME     The street address of its chief executive office is: 1143 MIDWAY AVE, AMMON, ID 83406     The street address of one (1) office in Idaho: 1143 MIDWAY AVE, AMMON, ID 83406     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     S. The names of the partners authorized to execute an instrument transferring real property     held in the name of the partnership:     KAELI STEVENS     TIANA ATWOOD     Signature of at least 2 partners:     1 KMUX State A		AUTHO	DRITY		2013 AUG 26 AM 0- 20	
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		(Instructions on b	ack of applicat	ion)	<b>•</b>	
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					SECRETARY OF STATE	
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:  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  TIANA ATWOOD  6. Signature of at least 2 partners:  1) KAWL Standard	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.					
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: KAELI STEVENS TIANA ATWOOD 6. Signature of at least 2 partners: 1) KAWL Standard	1. The name	1. The name of the partnership is:				
3. The street address of one (1) office in Idano:  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: KAELI STEVENS TIANA ATWOOD  6. Signature of at least 2 partners: 1) KARMARAA	2. The stree	t address of its chief exe	cutive office is:	1143 MIDW	AY AVE, AMMON, ID 83406	
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:         KAELI STEVENS         TIANA ATWOOD         6. Signature of at least 2 partners:         1)       XAUMANAN	3. The stree	t address of one (1) office	e in Idaho:	3 MIDWAY /	AVE, AMMON, ID 83406	
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:         KAELI STEVENS         TIANA ATWOOD         6. Signature of at least 2 partners:         1) KAWKAMAA		•	•	attached	sheets may be added):	
held in the name of the partnership:         KAELI STEVENS         TIANA ATWOOD         6. Signature of at least 2 partners:         1) KAWA KAMANA    Secretary of State use only	· ·		-		·	
6. Signature of at least 2 partners: 1) Kaple Stonen A Secretary of State use only	held in the na	ame of the partnership:	zed to execute a	an instrum	ent transferring real property	
1) KAPLI Storrey A Secretary of State use only	TIANA A	TWOOD				
1) KAPLI Stonnen A Secretary of State use only					<u>.                                </u>	
1)     1)     Secretary of State use only       Typed Name     KAELI STEVENS       2)     1000000000000000000000000000000000000	6. Signature	of at least 2 partners:	Δ		· · · · · · · · · · · · · · · · · · ·	
Typed Name TIANA ATWOOD		HALISTEVENS		shipauth.p65	Secretary of State use only	
3) IDAHO SECRETARY OF STATE		TIANA ATWOOD		partner 2002		
	3)	· · ·		gpforms vised 09.		
Typed Name Typed Name     Typed Name     Typ	Typed Nam	ne		ptioms	CK: 116 CT: 286823 BH: 1387534	
ي ي V465 Form K1137				9 Vieb Form	K1127	