



STATEMENT OF PARTNERSHIP **AUTHORITY**

2005 SEP -8 AM 9: 09

(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.

 The name of the partnership 	p is:	·
2. The street address of its chi	ief executive office is:	MAIN STREET,
3. The street address of one (1	1) office in Idaho: ^{859 MAIN}	STREET,
4. The names and mailing add Name KERRI L BAILEY	Address	ched sheets may be added): CLARKSTON, WA 99403
HOLLI WESSELS	2640 FLORENCE L	ANE, CLARKSTON, WA 99403
5. The names of the partners a held in the name of the partners KERRI L BAILEY	authorized to execute an ins ship:	strument transferring real property
HOLLI WESSELS		
6. Signature of at least 2 partne	ers:	
Typed Name HOLLI WESSELS	pVorms/gptorms/partnershipeuth.p65 Revised 01/2001	Secretary of State use only
3)	isigpformspartne	IDAHO SECRETARY OF STATE 09/08/2005 05:00
Typed Name	ovforms\	CK: 15% CT: 192883 BH: 9104 1 8 160.00 = 100.00 PARTN GIT

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