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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2007 JUL 27 PM 4:17

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: The Foster Company
2. The street address of its chief executive office is: 400 Market St., Ririe, Idaho, 83443
3. The street address of one (1) office in Idaho: 400 Market St., Ririe, Idaho, 83443

4. The names and mailing addresses of all partners (attached sheets may be added):

Name
Boyd Foster

Address
P. O. Box 626, Ririe, Idaho, 83443

Brad Foster

P. O. Box 40, Ririe, Idaho, 83443

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:

Boyd Foster

Brad Foster

6. Signature of at least 2 partners:

1) Boyd Foster

Typed Name

Boyd Foster

2) Brad Foster

Typed Name

Brad Foster

3) _____

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
07/27/2007 05:00
CK: NONE CT: 12945 BH: 1867872
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