STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

2012 JUN 29 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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: Idaho Electric Massage.
2. The street address of its chief executive office is: 565 Hickory Ln. Idaho Falls, ID. 83402.
3. The street address of one (1) office in Idaho: 565 Hickory Ln. Idaho Falls, ID. 83402.
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Anthony James Boicelli	565 Hickory Ln. Idaho Falls, ID. 83402
Karyn Boicelli	565 Hickory Ln. Idaho Falls, ID. 83402

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

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Anthony James Boicelli

Karyn Boicelli

6. Signature of at least 2 partners:

1) [signature]

Typed Name Anthony James Boicelli

2) Karyn Boicelli

Typed Name Karyn Boicelli

3)

Typed Name

Secretary of State use only

g:\corp\forms\gpforms\partnershipauth.p65
Revised 09/2002
Web Form

IDAHO SECRETARY OF STATE
06/29/2012 05:00
CK: 1221 CT: 271934 BH: 1330257
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

K1039