



STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

2012 JUN 29 AM 8:48

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: 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
<u>Anthony James Boicelli</u>	<u>565 Hickory Ln. Idaho Falls, ID. 83402</u>
<u>Karyn Boicelli</u>	<u>565 Hickory Ln. Idaho Falls, ID. 83402</u>

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:

<u>Anthony James Boicelli</u>	<u></u>	<u></u>
<u>Karyn Boicelli</u>	<u></u>	<u></u>

6. Signature of at least 2 partners.

1) [Signature]
Typed Name Anthony James Boicelli

2) [Signature]
Typed Name Karyn Boicelli

3)
Typed Name

Secretary of State use only

5:corp\forms\signature\partnershipauth.pdf
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 AUTH # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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