



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

09 OCT 14 AM 8:23

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: Sunrise Rehab, General Partnership

2. The street address of its chief executive office is: 711 Royal St., Caldwell, ID 83605

3. The street address of one (1) office in Idaho: 711 Royal St., Caldwell, ID 83605

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

Name	Address
<u>Troy Ashworth</u>	<u>711 Royal St., Caldwell, ID 83605</u>
<u>Brent Walker</u>	<u>4040 Green Meadow Drive, Meridian, ID 83646</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>Troy Ashworth</u>	_____	_____
<u>Brent Walker</u>	_____	_____

6. Signature of at least 2 partners:

1) *Troy Ashworth*

Typed Name Troy Ashworth

2) *Brent Walker*

Typed Name Brent Walker

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

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Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE  
10/14/2009 05:00  
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