



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
2005 DEC 14 AM 8:59

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: TLC Daycare

2. The street address of its chief executive office is: 2006 Eagle Pointe Drive
Idaho Falls, Idaho 83406

3. The street address of one (1) office in Idaho: 2006 Eagle Pointe Drive
Idaho Falls, Idaho 83406

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

Name	Address
<u>Margaret Thompson</u>	<u>2006 Eagle Pointe Drive, Idaho Falls, Idaho 83406</u>
<u>Alese Sago</u>	<u>1843 Carmel Drive, Idaho Falls, Idaho 83402</u>
_____	_____

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:

<u>Margaret Thompson</u>	_____	_____
<u>Alese Sago</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *Margaret Thompson*

Typed Name Margaret Thompson

2) *Alese M. Sago*

Typed Name Alese Sago

3) _____

Typed Name _____

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Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
12/14/2005 05:00
CK: 1613 CT: 194978 BH: 926665
1 @ 100.00 = 100.00 PARTN AUTH # 2

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