

STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

2013 JAN -2 AM 9: 30

SECRETARY OF STATE 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:				
2. T	he street address of its chief exec	cutive office is:	162 S 900 W	, Blackfoot, ID 83221
3. T	The street address of one (1) office in Idaho: 162 S 900 W, Blackfoot, ID 83211			
	4. The names and mailing addresses of all partners (attached sheets may be added): Name Address Larry Kress PO Box 336, American Falls, ID 83221			
	Veronica Kress	162 S 900 W, Blackfoot, ID 83211		
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: Larry Kress				
	Veronica Kress			
1	Signature of at least 2 partners: Dignature of at least 2 partners: Typed Name Larry Kress Typed Name Veronica Kress Typed Name		g:\corp\forms\gpforms\partnershipauth.p85 Revised 09/2002	IDAHD SECRETARY OF STATE 1/02/2013 05:00 CK: 8155 CT: 2982 BH: 1353825 1 2100 DR = 109.00 PARTN AUT # 2
			Web Form	