

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

DEC 20 PM 1:56

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.

- The name of the partnership is: Hawkins-Cannariato
- The street address of its chief executive office is: 8645 W. Franklin Rd., Boise, ID 83709
- The street address of one (1) office in Idaho: _____
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Gary R. Hawkins</u>	<u>8645 W. Franklin Rd., Boise, ID 83709</u>
<u>Steve Cannariato</u>	<u>8645 W. Franklin Rd., Boise, ID 83709</u>

OR the name and address of the registered agent in Idaho is:

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

<u>Gary R. Hawkins</u>	_____	_____
<u>Steve Cannariato</u>	_____	_____

- Signature of at least 2 partners:

1) [Signature]
Typed Name Gary R. Hawkins

2) [Signature]
Typed Name Steve Cannariato

3) _____
Typed Name _____

Secretary of State use only

9:\corp\forms\partnership\auth.p65
Revised 01/2001
Web Form

IDAHO SECRETARY OF STATE
12/20/2002 05:00
CK: 11859 CT: 163900 BH: 652600
1 @ 100.00 = 100.00 PARTN AUTH # 2

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