

STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

12 MAT 18 AM 8: 58

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAMO

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 partnershi	p is:
	ief executive office is: 1102 S Main St. Moscow, ID 83843
The street address of one (1) office in Idaho: 1102 S Main St. Moscow, ID 83843
	dresses of all partners (attached sheets may be added):
Name Gina E Crester	Address 1299 Schneider Rd Potlatch,ID 83855
Barry Johnson	1140 E Mountian Home Rd Potlatch,ID 83855
OR the name and address	of the agent in Idaho who maintains a list of all partners:
	authorized to execute an instrument transferring real propert
The names of the partners	authorized to execute an instrument transferring real propert
The names of the partners d in the name of the partners of the partners of the partners of at least 2 partners of at least 2 partners of the p	authorized to execute an instrument transferring real propert ership: ners: Secretary of State use only
The names of the partners	authorized to execute an instrument transferring real propert ership: