



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
11 MAY 16 AM 9:58

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: Sleepy "T" Farms

2. The street address of its chief executive office is: _____

997east 100 north Declo, ID. 83323

3. The street address of one (1) office in Idaho: _____

25 south 1050 East Declo, ID 83323

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

Name	Address
<u>Shay Taylor</u>	<u>997 E. 100 N Declo ID</u>
<u>Lonny Taylor</u>	<u>25 S 1050 E Declo ID.</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>Shay Taylor</u>	_____	_____
<u>Lonny Taylor</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1)	<u>[Signature]</u>
Typed Name	<u>Shay Taylor</u>
2)	<u>[Signature]</u>
Typed Name	<u>Lonny Taylor</u>
3)	_____
Typed Name	_____

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Revised 08/2002

Secretary of State use only

IDAHO SECRETARY OF STATE
05/16/2011 05:00
CK: 560 CT: 258837 BH: 1273877
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 CORP SUR # 3

K933