



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2015 SEP 11 AM 9:09

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: Worker Bee Professional Services
2. The street address of its chief executive office is: 1403 E. Wallace Ave  
Coeur d'Alene, ID 83814
3. The street address of one (1) office in Idaho: \_\_\_\_\_

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

Name	Address
<u>Kyle Rutley</u>	<u>1403 E. Wallace Ave. COA, ID 83814</u>
<u>Jacob Johnson</u>	<u>714 E. WALLACE AVE. COA ID 83814</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>Kyle Rutley</u>	_____	_____
<u>Jacob Johnson</u>	_____	_____

6. Signature of at least 2 partners:

1) <u>Kyle T. Rutley</u>	_____
Typed Name <u>Kyle T. Rutley</u>	_____
2) <u>Jacob Johnson</u>	_____
Typed Name <u>Jacob Johnson</u>	_____
3) _____	_____
Typed Name _____	_____

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Revised 09/2002

Secretary of State use only  
IDAHO SECRETARY OF STATE  
09/11/2015 05:00

CK: CASH CT: 314468 BH: 1491908  
1@ 100.00 = 100.00 PARTN AUT #3  
1@ 20.00 = 20.00 CORP SUR #4

Web Form:

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