

STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

K1133

(Instructions on back of application)

2013 AUG 15 AM 9: 36

	ndersigned partnership hereby files a slowing information to the Secretary of			
1. The	name of the partnership is: CJM Ente	erprises		
2. The	e street address of its chief executive o	office is: _	321 Summit	Circle Challis , Idaho 83226
3. The	street address of one (1) office in Ida	ho:	Summit Circ	le Challis , Idaho 83226
4. The names and mailing addresses of all partners (attached sheets may be added): Name Address Jerry Merrifield 821 Summit Circle Challis, Idaho 83226				
			nit Circle Challis, Idaho 83226	
5. The	R the name and address of the agent in enames of the partners authorized to the name of the partnership:			·
	hristine Merrifield			
15	nature of at least 2 partners: Output Dead Name Jerry Merrifield		uth p65	Secretary of State use only
3)	Ded Name Christine Merrifield Ded Name		Vformskgpformskpartnershipauth, p65 Revised 09/2002	IDAHO SECRETARY OF STATE 08/15/2013 05:00 CK: 1580 CT: 286434 BH: 1386198 1 0 100.00 = 100.00 PARTN AUT # 2