

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

07 OCT 22 AM 9: 16

The undersigned partnership hereby files a statement of partnership authority, and submits the following information to the Secretary of State pursuant to t the following information to the Secretary of State pursuant to Idaho Code § 53-3-303.

The name of the partnership is	Three Rivers Custom Tile
The street address of its chief executive office is:5745 Hwy 8 East, Deary, Idaho. 83823	
The street address of one (1) office in Idaho: 5745 Hwy 8 East, Deary, Idaho. 83823	
The names and mailing addre	esses of all partners (attached sheets may be added):
Name Katherine L. Thompson	Address 5745 Hwy 8 East, Deary, Idaho. 83823
William J. Thompson	5745 hwy 8 East, Deary, Idaho. 83823
Daniel G. Torrey	P.O. Box 2514 Chelan, Wa. 98816
	the registered agent in Idaho is:
The names of the partners au	Ithorized to execute an instrument transferring real propert
The names of the partners au	uthorized to execute an instrument transferring real properting:
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Typed Name William J. The names of the partners audit the name of the partners of the partner	ithorized to execute an instrument transferring real properties: William J. Thompson Thompson Secretary of State use only