



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2004 OCT 14 AM 9:50

STATE OF IDAHO

FILED EFFECTIVE

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: 4-B FARMS
2. The street address of its chief executive office is: 3920 EAST SUNNYSIDE ROAD  
IDAHO FALLS, ID 83406
3. The street address of one (1) office in Idaho: 3920 EAST SUNNYSIDE ROAD  
IDAHO FALLS, ID 83406
4. The names and mailing addresses of all partners (attached sheets may be added):
 

Name	Address
<u>RICHARD T. SKIDMORE</u>	<u>5490 E. SKIDMORE DR., IDAHO FALLS, ID 83406</u>
<u>RANDY A. SKIDMORE</u>	<u>5220 E. COMISH DR. IDAHO FALLS, ID 83406</u>
<u>DAVID M. SKIDMORE</u>	<u>7235 CLIFFSIDE DRIVE, IDAHO FALLS, ID 83406</u>

OR the name and address of the registered agent in Idaho is:

\_\_\_\_\_

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>RICHARD T. SKIDMORE</u>	<u>BRETT C. SKIDMORE</u>	_____
<u>RANDY A SKIDMORE</u>	_____	_____
<u>DAVID M. SKIDMORE</u>	_____	_____

6. Signature of at least 2 partners:

1) [Signature]  
Typed Name RICHARD T. SKIDMORE

2) [Signature]  
Typed Name BRETT C. SKIDMORE

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

g:\corplforms\forms\partnershipauth.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
10/14/2004 05:00  
CK: 1112 CT: 166245 BH: 771068  
1 @ 100.00 = 100.00 PARTN AUT # 2

K223