

STATEMENT OF PARTNERSHIP AUTHORITY (Instructions on back of application)

Click here to clear form.

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: SECRETARY OF STATE STATE OF IDAHO	
3. The street address of one (1) office in Idaho: 755 N Main Street, Dietrich Idaho, 83324	
The names and mailing addresses of all partners (attached sheets may be added): Name	
OR the name and address of the agent in Idaho who maintains a list of all partners: Michael Lasley 755 N Main Street, Dietrich Idaho, 83324 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: Michael Lasley	
Nancy Lasley	
Mary Haynie	
6. Signature of at least 2 partners: Typed Name Michael Lasley Typed Name Nancy Lasley 3) Many Haynie	Secretary of State use only Secretary of State use only 1DAHO SECRETARY OF STATE 97/18/2012 95:90 CK: 579 CT: 272496 BH: 1332436 1 9 199.89 = 199.88 PARTIN AUT # 2