

STATEMENT OF PARTNERSHIP AUTHORITY FILE: EFFECTIVE

(Instructions on back of application)

2005 AUG 22 AM 8: 50

e undersigned partnership hereby fil	iles a statement of partnership authority and submits
e following information to the Secreta	ary of State pursuant to Idano Code \$33-37393.
The name of the partnership is:	(PRONOUNCED C N SQUARED)
The street address of its chief execu	cutive office is: W. 1000 MAIN STREET
SMELTERVILLE, ID 83868	
The street address of one (1) office SMELTERVILLE, ID 83868	W. 1000 MAIN STREET
. The names and mailing addresses	of all partners (attached sheets may be added):
Name JAMES C. MARSHALL II	Address 14069 S. BEAVER RD. CATALDO, ID 838
CHRISTIAN C. MORTON	26190 E. DOYLE RD. CATALDO, ID 838
5. The names of the partners authorineld in the name of the partnership: JAMES C. MARSHALL II	ized to execute an instrument transferring real prope
6. Signature of at least 2 partners:	
1) Jame C. Marshall	Secretary of State use only
Typed Name JAMES C. MARSHA	ORTON 1000/10 Person IDAHO SECRETARY OF STATE 08/22/2005 05: CK: 1550 CT: 191530 BH: 9
2) CHRISTIAN C. MC	ORTON 1000
Typed Name	ORTON Lawrence Control
3) Typed Name	IDAHO SECRETARY OF STATI
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