



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

01 APR -5 AM 10:06

The undersigned partnership hereby files a statement of partnership authority, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-308.

1. The name of the partnership is: Turn Key Clean

2. The street address of its chief executive office is: 674 Tiffany Drive
Meridian, ID 83642

3. The street address of one (1) office in Idaho: 674 Tiffany Drive
Meridian, ID 83642

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Alva Child</u>	<u>674 Tiffany Drive, Meridian, ID 83642</u>
<u>Dorothy Pettis</u>	<u>#201</u> <u>4911 Albion, Boise, ID 83705</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>Alva Child</u>		

6. Signature of at least 2 partners:

1) [Signature]
Typed Name Alva Child

2) [Signature]
Typed Name Dorothy Pettis

3) _____
Typed Name _____

Secretary of State use only

IDaho SECRETARY OF STATE

04/05/2001 09:00
CK: 423 CT: 144624 BH: 309249

1 @ 100.00 = 100.00 PARTN AUT # 2

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