



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2014 APR 21 11:00:03

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: Natural Spine Solutions

2. The street address of its chief executive office is: 3913 Schreiber way Coeur dAlene, ID 83815

3. The street address of one (1) office in Idaho: 3913 Schreiber Way Coeur dAlene, ID 83815

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

Name	Address	
<u>Kristen Kinzer</u>	<u>4546 W Princetown Lane Coeur dAlene, ID 83815</u>	<u>15</u>
<u>Wayne Fichter</u>	<u>2795 W Wilbur Avenue Coeur dAlene, ID 83815</u>	

OR the name and address of the agent in Idaho who maintains a list of all partners:

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

<u>Kristen Kinzer</u>	<u></u>	<u></u>
<u>Wayne Fichter</u>	<u></u>	<u></u>

6. Signature of at least 2 partners:

1) [Signature]
 Typed Name Kristen Kinzer

2) [Signature]
 Typed Name Wayne Fichter

3)
 Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

04/21/2014 05:00

CK:1002 CT:294927 BH:1421130

10 100.00 = 100.00 PARTN AUT #2

10 20.00 = 20.00 EXPEDITE C #3

K1181