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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUL 16 AM 9:43

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: MOBILE AUTOMOTIVE REPAIR SPECIALIST.

2. The street address of its chief executive office is: 426 E Valley View Ave, Genesee, Id 83832

3. The street address of one (1) office in Idaho: 426 E Valley View Ave, Genesee, Id 83832

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

Name	Address
Kevin L Harlor	426 E Valley View Ave, Genesee, Id 83832
Barbara J Harlor	426 E Valley View Ave, Genesee, Id 83832
James L Harlor	426 E Valley View Ave, Genesee, Id 83832

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:

Kevin L Harlor

Barbara J Harlor

James L Harlor

6. Signature of at least 2 partners:

1) [signature]

Typed Name Kevin L Harlor

2) Barbara J Harlor

Typed Name Barbara J Harlor

3) [signature]

Typed Name James L Harlor

Secretary of State use only

IDAHO SECRETARY OF STATE
07/17/2012 05:00
CK: 1066128 CT: 172099 BH: 1332389
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Web Form

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