



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

10 FEB -8 AM 8:29

The undersigned partnership hereby files a statement of partnership authority and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-309.

1. The name of the partnership is: Reed Farms, Partnership
2. The street address of its chief executive office is: 134 South 1900 West Pingree, Id 83262
3. The street address of one (1) office in Idaho: 134 South 1900 West Pingree, Id 83262
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Terry Reed	134 South 1900 West Pingree, Id 83262
Julie Reed	134 South 1900 West Pingree, Id 83262

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:

Terry Reed		
Julie Reed		

6. Signature of at least 2 partners:

1) Terry Reed
 Typed Name Terry Reed

2) Julie Reed
 Typed Name Julie Reed

3) _____
 Typed Name _____

Secretary of State use only

g:\corp\forms\partnership\auth.p65 Revised 01/2001

IDAHO SECRETARY OF STATE
 02/08/2010 05:00
 CK: 5910 CT: 35856 IN: 1287875
 1 @ 100.00 = 100.00 PARTIAL OUT \$ 2

Web Form

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