## STATEMENT OF PARTNERSHIP AUTHORITY

## FILED EFFECTIVE

KIILL

(Instructions on back of application)

2013 JUN -3 AM 9: 41

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The undersigned partnership hereby files the following information to the Secretary	s a statement of partnership authority, and submits of State pursuant to Idaho Code § 53-3-303.
1. The name of the partnership is: RED HILL SHEATHS	
2. The street address of its chief executi	ve office is:
BRUCE W GOOD 2111 W WESSON AVE ATHOL, ID 83801	
3. The street address of one (1) office in	Idaho:
2111 W WESSON AVE ATHOL, ID 838	
	•
	all partners (attached sheets may be added):
Name BRUCE W GOOD	Address PO BOX 1089 SPIRIT LAKE, ID 83869
CHRISTOPHER A MARI	PO BOX 851 ATHOL, ID 83801
LINDA S MARI	PO BOX 851 ATHOL, ID 83801
	t in Idaho who maintains a list of all partners:
5. The names of the partners authorized held in the name of the partnership:  BRUCE W GOOD	to execute an instrument transferring real property
CHRISTOPHER A MARI	
LINDA S MARI	
6. Signature of at least 2 partners:	Secretary of State use only
Typed Name BRUCE W GOOD	994.
2)	
Typed Name CHRISTOPHER A MARI	IDANO SECRETARY OF STATE  96/03/2013 05:00  CK: 1011 CT: 283832 BH: 1376331 1 0 100.00 = 100.00 PARTN AUT # 2
3) Xuen Man	IDAHO SECRETARY OF STATE  Secret OF STATE  G6/03/2013 05:00  CK: 1011 CT: 283832 BH: 1376331  1 0 100.00 = 100.00 PARTN AUT # 2
Typed Name LINDA S MARI	