

STATEMENT OF PARTNERSHIP AUTHORITY

PLED EFFECTIVE 2010 OCT 29 PH 2: 22

SEUNE TARY UP STATE STATE OF IDAHO

(Instructions on back of application)

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:	
	. The street address of its chief executive office is:	
3.	The street address of one (1) office	in Idaho:
4.	The names and mailing addresses of all partners (attached sheets may be added):	
	Name	Address
	Ryan C. Jones	1218 N. 15th Street, Boise, ID 83702
	Larry D. Myers	1218 N. 15th Street, Boise, ID 83702
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 propheld in the name of the partnership: Ryan C. Jones		•
	Larry D. Myers	
6	. Signature of at least 2 partners:	
	1) hy	Secretary of State use only
	Typed Name Ryan C. Jones	
	2) June My	Terminal Control Contr
	Typed Name Larry D. Myers	IDAHO SECRETARY OF STATE
	3)	102-00 = 100.00 PARTH AUT 2
	Typed Name	1 @ 100.00 = 100.00 PARTH AUT # 2

K 883