



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

10 MAY 28 AM 8:42

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: A-one Healthy Options

2. The street address of its chief executive office is: A-one Healthy Options

339 State St
Weiser, ID. 83672

3. The street address of one (1) office in Idaho: 339 State St.

Weiser, ID. 83672

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

Name	Address
<u>Linda S. Smith</u>	<u>5567 Fog Rd Ontario, Or. 97914</u>
<u>Esther Tate</u>	<u>5495 Snake River Rd Ontario, Or. 97914</u>
<u>Susan K Bischoff</u> Bischoff	<u>410 Hwy 95 Weiser, ID 83672-5714</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>Linda S. Smith</u>	_____	_____
<u>Esther Tate</u>	_____	_____
<u>Susan K Bischoff</u>	_____	_____

6. Signature of at least 2 partners:

1) <u>Linda S. Smith</u>	_____
Typed Name <u>Linda S. Smith</u>	_____
2) <u>Esther Tate</u>	_____
Typed Name <u>Esther Tate</u>	_____
3) <u>Sue Bischoff</u>	_____
Typed Name <u>Susan K Bischoff</u>	_____

Secretary of State use only

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IDAHO SECRETARY OF STATE
05/28/2010 05:00
CK: 2 CT: 248420 BH: 1224366
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 CORP SUR # 3