



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2016 FEB -5 PM 2:22

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: Beauty Barz

2. The street address of its chief executive office is: _____

3910 Hill Rd Ste 101 Boise, Idaho 83703

3. The street address of one (1) office in Idaho: _____

3910 Hill Rd Ste 101 Boise, Idaho 83703

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

Name	Address
<u>Megan Thiede</u>	<u>3938 N Cambridge Way Boise ID 83703</u>
<u>Jillian Loveless</u>	<u>5693 W Hallmark CT Boise ID 83703</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

Bowen Paetee Day 403 Broadway Ave
Boise ID 83706

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Megan Thiede _____
Jillian Loveless _____

6. Signature of at least 2 partners:

1) [Signature]
Typed Name _____
2) [Signature]
Typed Name _____
3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/05/2016 05:00

CK:3583016 CT:172099 BH:1512386

1@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 CORP SUB #3

1@ 20.00 = 20.00 EXPEDITE C #4

g:\corpforms\partnershipauth.pdf
Revised 09/2002
Web Form

K1341