



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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: Second Chance Consignment

2. The street address of its chief executive office is: 1555 Ross Road, Weiser, ID 83672

3. The street address of one (1) office in Idaho: 1555 Ross Road, Weiser, ID 83672

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

Name	Address
Todd J. Davies	1555 Ross Road, Weiser, ID 83672
Darin S. Baltrusch	1555 Ross Road, Weiser, ID 83672

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:

Todd J. Davies

Darin S. Baltrusch

6. Signature of at least 2 partners:

— J.M. Todd J. Davies

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Type of Name **Darin S. Baltrusch**

1

Typed Name

Secretary of State use only

corporations' partnerships with p.65

IDaho SECRETARY OF STATE
09/05/2006 05:00
CK: 1147 CT: 193113 BH: 973454
1 # 100.00 = 100.00 PARTN AUT # 2

Web Form

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