



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

NOV 19 3 24 PM '01

SECRET STATE

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: Magic View Partners

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

600 N Steelhead Way, Ste 144, Boise ID 83704

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

600 N Steelhead Way, Ste 144, Boise ID 83704

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

Name	Address
<u>Winston H. Moore</u>	<u>PO Box 8204, Boise ID 83707</u>
<u>James L. Boyd</u>	<u>PO Box 8105, Boise ID 83707</u>

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:

Winston H. Moore \_\_\_\_\_

James L. Boyd \_\_\_\_\_

\_\_\_\_\_

6. Signature of at least 2 partners:

1) *Winston H. Moore*

Typed Name Winston H. Moore

2) *James L. Boyd*

Typed Name James L. Boyd

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

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11/20/2001 05:00  
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