



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2011 OCT 21 PM 9:10

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: CHAPALA NAMPA PARTNERSHIP

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

694 E FOREST RIDGE DR., MERIDIAN, ID 83642

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

2117 12TH AVENUE RD., NAMPA, ID 83686

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

Name	Address
<u>MARGARITO MARIN</u>	<u>694 E FOREST RIDGE DR., MERIDIAN, ID 83642</u>
<u>MARIA ROBLES</u>	<u>319 10TH AVENUE N, NAMPA, ID 83687</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>MARGARITO MARIN</u>	_____	_____
<u>MARIA ROBLES</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]

Typed Name MARGARITO MARIN

2) [Signature]

Typed Name MARIA ROBLES

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

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

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Revised 09/2002

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/21/2011 05:00  
CK: 11413 CT: 181673 BH: 1295072  
1 @ 100.00 = 100.00 PARTN AUT # 2

Web Form

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