



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 MAR -5 AM 8:56

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: Best DREST
2. The street address of its chief executive office is: 3421 S. Kimball Ave Caldwell, Id 83605
3. The street address of one (1) office in Idaho: 3421 S. Kimball Ave Caldwell, Id 83605
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
_____	_____
_____	_____
_____	_____

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

Brenda K. Story 3421 S. Kimball Ave Caldwell, Id 83605

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

<u>Brenda K Story</u>	_____	_____
<u>Donna L Lohrey</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) Brenda K Story  
Typed Name Brenda K Story

2) Donna L Lohrey  
Typed Name Donna L Lohrey

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

g:\coptforms\gforms\partnershipauth.pdf  
Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE  
03/05/2014 05:00  
CK: 125 CT: 293056 DH: 1413697  
1 @ 100.00 = 100.00 PARTN AUT # 2

Killel