

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

08 JAN 15 AM 8: 23

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.

| The name of the partnership i | is: |
|--|--|
| The street address of its chief | f executive office is: 3150 N. 45th E. Idaho Falls, ID 83401 |
| The street address of one (1) | office in Idaho: 3150 N. 45th E., Idaho Falls, ID 83401 |
| . The names and mailing addre | esses of all partners (attached sheets may be added): |
| Name | Address |
| Alma D. Stumpp | 3150 N. 45th E., Idaho Falls, ID 83401 |
| Trina M. Stumpp | 3150 N. 45th E., Idaho Falls, ID 83401 |
| | |
| . The names of the partners au eld in the name of the partnersi Alma D. Stumpp | uthorized to execute an instrument transferring real property hip: |
| Trina M. Stumpp | |
| | |
| ! | |
| 6. Signature of at least 2 partner | rs: |
| 1) alma Dellu | Secretary of State use only |
| Typed Name Alma D. Stumpp 2) In Lan Lan St | IDAHO SECRETARY OF STATE ### CK: 1896 CT: 221581 BH: 1894 CK: 1896 CT: 221581 BH: 1894 1 0 108.00 = 108.00 PARTN AU |
| | ump |
| Typourtaino | IDAHO SECRETARY OF STATE 9 9 115/2008 05 8 CK: 1090 CT: 221501 BH: 1094 1 9 108 00 = 108 00 DOCTOR |
| 3) | CK: 1899 CT: 221501 BH: 1894 1 8 188.00 = 188.00 PARTH AU |
| Typed Name | |