



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2004 OCT -2 AM 10:15
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 § 53-3-309.

1. The name of the partnership is: HUMPHRIES FAMILY PARTNERSHIP

2. The street address of its chief executive office is: 5540 E. BAY TRAIL COURT
BOISE, ID 83716

3. The street address of one (1) office in Idaho: 5540 E. BAY TRAIL COURT
BOISE, ID 83716

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

Name	Address
_____	_____
_____	_____
_____	_____

OR the name and address of the registered agent in Idaho is:

STEVEN W. HUMPHRIES 5540 E. BAY TRAIL CT., BOISE ID 83716

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

<u>STEVEN W. HUMPHRIES</u>	_____	_____
<u>DAVID A. HUMPHRIES</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *Steven W. Humphries*

Typed Name STEVEN W. HUMPHRIES

2) *David A. Humphries*

Typed Name DAVID A. HUMPHRIES

3) _____

Typed Name _____

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE
10/07/2004 05:00
CK: 6151 CT: 102732 BH: 770010
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