



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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 is: HUMPHRIES FAMILY PARTNERSHIP
- The street address of its chief executive office is: 5540 E. BAY TRAIL COURT  
BOISE, ID 83716
- The street address of one (1) office in Idaho: 5540 E. BAY TRAIL COURT  
BOISE, ID 83716
- 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

- 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>	_____	_____
_____	_____	_____

- 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  
Web Form

IDAHO SECRETARY OF STATE  
10/07/2004 05:00  
CK: 6151 CT: 102732 BH: 770010  
1 @ 100.00 = 100.00 PARTN AUT # 2

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