



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2017 SEP 11 AM 10:00

**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 is: Morenitas #3
- The street address of its chief executive office is: 1350 Parkway Dr #10, Blackfoot, ID 83221
- The street address of one (1) office in Idaho: 1350 Parkway Dr #10, Blackfoot, ID 83221

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

Name	Address
<u>Karem Sarahi Salazar</u>	<u>3385 East Elswood Dr, Idaho Falls, ID 83402</u>
<u>Santa Flora Lua Paramo</u>	<u>338 East Walker Street, Blackfoot, ID 83221</u>
<u>Daniel Salazar</u>	<u>3385 East Elswood Dr, Idaho Falls, ID 83402</u>

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

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

<u>Karem Sarahi Salazar</u>	<u></u>	<u></u>
<u>Santa Flora Lua Paramo</u>	<u></u>	<u></u>
<u>Daniel Salazar</u>	<u></u>	<u></u>

- Signature of at least 2 partners:

- Karem Sarahi Salazar
Typed Name Karem Sarahi Salazar
- Santa Flora Lua P.
Typed Name Santa Flora Lua
- Typed Name Daniel Salazar

Secretary of State use only

IDAHO SECRETARY OF STATE
09/11/2017 05:00

RE: 17406820494 CT: 345454 BH: 1602332
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