

STATEMENT OF PARTNERSHIP **AUTHORITY** 13 JUL 18 AM 10: 58

TLED EFFECT VE

(Instructions on back of application)

SECRETARY OF STATE STATE OF 10AHO

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: 	TuckerBarney
2. The street address of its chief exec	cutive office is: 5877 W. Farm Market Rd., Hidden
Springs, Id. 83714	
`,	e in Idaho: <u>2000 Cleveland st. Boise, Id.</u> 83705
4. The names and mailing addresses	of all partners (attached sheets may be added):
Name	Address
Leah Tucker	2000 Cleveland st. Boise, Id.83705
Cindy Barney	5877 W. Farm Market Rd. , Hidden Springs,
	Id. 83714
5. The names of the partners authorized held in the name of the partnership: Leah Tucker	zed to execute an instrument transferring real property
6. Signature of at least 2 partners:	
1) Junily Bille su	Secretary of State use only
Typed Name Cindy Barney 2)	
Typed Name	### IDAHO SECRETARY OF STATE ###################################
Typed Name Leah Tucker	IDAHO SECRETARY OF STATE 07/18/2003 05:00 CK: 1353 CT: 171642 BH: 691750

1 0 100.00 = 100.00 PARTH AUT # 2

K 135