



## STATEMENT OF PARTNERSHIP AUTHORITY

**(Instructions on back of application)**

2017 AUG 10 AM 9:27

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.


1. The name of the partnership is: Gypsy Soul Boutique
2. The street address of its chief executive office is: 310 S Hwy 93, Challis, ID 83226
3. The street address of one (1) office in Idaho: 310 S Hwy 93, Challis, ID 83226
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Lanita Kivi	P.O. Box 1043, Challis, ID 83226
Derris Anderson	P.O Box 933, Challis, ID 83226

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

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

- 6. Signature of at least 2 partners:**

1) 

Typed Name Lanita Kivi

2) 

Typed Name Derris Anderson

3) \_\_\_\_\_

**Typed Name**

**Secretary of State use only**

IDAHO SECRETARY OF STATE

08/10/2017 05:00

CK:674904734 CT:343917 BH:1597600

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Revised 09/2002

Web Form

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