



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

12 MAY -4 AM 9:10

SECRETARY OF STATE

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: Two Rivers Estates
2. The street address of its chief executive office is: \_\_\_\_\_
3. The street address of one (1) office in Idaho: 216 4th St. A  
Lewiston, ID 83501

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

Name	Address
<u>Randall Z Wickward</u>	<u>2525 Lemon Avenue, Signal Hill, CA 90806</u>
<u>Wendell R Wickward</u>	<u>2203 Pauls Place Drive, Clarkston, WA 99403</u>
<u>Carol L Wickward</u>	<u>2203 Pauls Place Drive, Clarkston, WA 99403</u>

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:

<u>Wendell R Wickward</u>	_____	_____
<u>Randall Z Wickward</u>	_____	_____
<u>Carol L Wickward</u>	_____	_____

6. Signature of at least 2 partners:

1)   
 Typed Name Wendell R Wickward

2)   
 Typed Name Carol L Wickward

3) \_\_\_\_\_  
 Typed Name \_\_\_\_\_

Secretary of State use only

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Revised 08/2002

Web Form

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 05/04/2012 05:00  
 CK: 11612 CT: 182267 BH: 1322771  
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