

Typed Name

STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

2014 SEP -8 AM 9: 56

(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. Summer Snow Enterprises 1. The name of the partnership is: 2. The street address of its chief executive office is: _____307 Linden Avenue Coeur d'Alene, ID 83814 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name Jacob Allen Adams 307 Linden Avenue Coeur d'Alene, ID 83814 Michell Snow Adams 307 Linden Avenue Coeur d'Alene, ID 83814 OR the name and address of the agent in Idaho who maintains a list of all partners: N/A 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: Jacob Allen Adams Michell Snow Adams Signature of at teast 2 partners: Secretary of State use only Jacob Allen Adams IDAHO SECRETARY OF STATE 09/09/2014 05:00 CK:1087 CT:300847 BH:1440478 Typed Name Michell Snow Adams 16 100.00 = 100.00 PARTN AUT #2 KIZIU