

FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

 2016 FEB -5 AM 11:02  
 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: SW Ventures
- The street address of its chief executive office is: 3920 East Sunnyside Road  
Ammon, ID 83406
- The street address of one (1) office in Idaho: 3920 East Sunnyside Road  
Ammon, ID 83406
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address

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

BDS, LLC 3920 East Sunnyside Road, Ammon, ID 83406

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

BDS, LLC


- Signature of at least 2 partners:

1) [Signature]  
 Typed Name BDS, LLC

2) [Signature]  
 Typed Name Wick Family Chiropractic dba  
Idaho Chiropractic Neurology

3)    
 Typed Name  

Secretary of State use only

IDAHO SECRETARY OF STATE

02/05/2016 05:00

 CK:12527 CT:319939 BH:1512256  
 1@ 100.00 = 100.00 PARTN AUT #2  
 1@ 20.00 = 20.00 EXPEDITE C #3

 g:\corpforms\op\partners\paauth.p65  
 Revised 08/2002

Web Form

K1340