

## STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

11 JUL 14 PH 1:00

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:			•
2.	The street address of its chief executive office is: 4335 Saint Andrews Dr.  Boise, ID. 83705			
	Boise, ID. 83705			
4.	The names and mailing addresses of all partners (attached sheets may be added):			
	Name	Address	R	
	Cary Scott Pahl		_	. Boise, ID. 83705
	Gregory Scott Pahl	1902 S.	Owyhee Boise,	ID. 83705
	OR the name and address of the	e agent in Idah	o who mainta	ains a list of all partners:
	The names of the partners auth	norized to exe	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	The names of the partners auth	norized to exe	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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he	The names of the partners authold in the name of the partnership Cary Scott Pahl Gregory Scott Pahl Jessica Pahl Signature of at least 2 partners	norized to execution in the control of the control	cute an instru	ument transferring real property
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he	The names of the partners authorized in the name of the partnership Cary Scott Pahl  Gregory Scott Pahl  Jessica Pahl  Signature of at least 2 partners  1)  Typed Name Cary Scott Pahl  2) Cary Scott Pahl	norized to execution in the control of the control	·	ument transferring real property

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