



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2014 FEB -7 AM 9:02

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: Weston Family Farms
- The street address of its chief executive office is: 4595 Arbon Valley Hwy.,
Arbon, ID 83212
- The street address of one (1) office in Idaho: 4595 Arbon Valley Hwy.,
Arbon, ID 83212
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>H Ryan Weston</u>	<u>4595 Arbon Valley Hwy., Arbon, ID 83212</u>
<u>Heather Weston</u>	<u>4595 Arbon Valley Hwy., Arbon, ID 83212</u>
<u>Herbert R Weston</u>	<u>P.O. Box 262, Garden City, Utah 84028</u>

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

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

<u>H Ryan Weston</u>	<u>Herbert R Weston</u>	<u>Heather Weston</u>
<u>4595 Arbon Valley Hwy.</u>	<u>P.O. Box 262</u>	<u>4595 Arbon Valley Hwy.</u>
<u>Arbon, ID 82930</u>	<u>Garden City, UT 84028</u>	<u>Arbon, ID 83212</u>

- Signature of at least 2 partners:

1) [Signature]
Typed Name H Ryan Weston

2) [Signature]
Typed Name Herbert R Weston

3) _____
Typed Name _____

g:\corp\forms\grforms\partnershipauth.pdf

Revised 09/2002

Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
02/07/2014 05:00
CK: NO CK # CT: 292705 DH: 1489623
1 @ 100.00 = 100.00 PARTN AUT # 2

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