

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

09 MAY 29 AM 8: 35

(Instructions on back of application)

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 street address of its chief ex	recutive office is:	S. Yellowstone Hwy., Idaho Falls, ID
The street address of one (1) off	fice in Idaho:	
The names and mailing address	es of all partners (attac	ched sheets may be added):
Name Carl Taylor	Address 2700 N 35 West Id	daho Falls, ID 83402
L. Kent Taylor	7891 S. Yellowston	e Hwy. Idaho Falls, ID 83405
Linda Taylor	2700 N 35 West Id	iaho Falls, ID 83402
The names of the partners author	orized to execute an in	intains a list of all partners: strument transferring real property
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