FILED EFFECTIVE

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08 MAY -5 AM 9:08

SECRETARY OF STATE
STATE OF IDAHO

STATEMENT OF PARTNERSHIP AUTHORITY

(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.

1. The name of the partnership is: BUCK'S AUTO REPAIR II

2. The street address of its chief executive office is: PO BOX 656, ASHTON, ID 83420 / 409 MAIN STREET, ASHTON, ID 83420

3. The street address of one (1) office in Idaho:

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
TODD HOWELL	PO BOX 656, ASHTON, ID 83420
BILL TURNER	PO BOX 656, ASHTON, ID 83420

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

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

TODD HOWELL

BILL TURNER

6. Signature of at least 2 partners:

1) Todd Howell

Typed Name TODD HOWELL

2) Bill Turner

Typed Name BILL TURNER

3)

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
05/05/2008 05:00
CK: 5528 CT: 80437 BH: 1113380
1 @ 100.00 = 100.00 PARTN AUT # 2

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