



# STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

11 AUG 18 AM 8:56

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: Monarch Childcare
2. The street address of its chief executive office is: 810 East Sunnyside Road  
Idaho Falls, Idaho 83404
3. The street address of one (1) office in Idaho: 810 East Sunnyside Road  
Idaho Falls, Idaho 83404
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Laura Gray</u>	<u>810 East Sunnyside Road, Idaho Falls, Idaho 83404</u>
<u>Hollie Brown</u>	<u>168 East Elva Street, Idaho Falls, Idaho 83402</u>
_____	_____

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:

<u>Laura Gray</u>	_____	_____
<u>Hollie Brown</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) \_\_\_\_\_  
Typed Name Laura Gray

2) Hollie Brown  
Typed Name Hollie Brown

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

g:\corp\forms\qiforms\partnershipauth.p65  
Revised 09/2002

IDAHO SECRETARY OF STATE  
08/18/2011 05:00  
CK: 7592 CT: 184258 BH: 1287888  
1 @ 100.00 = 100.00 PARTN AUT # 2

Web Form

K957