

## STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2011 MAR 15 AM 10: 25

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:	Legacy Agro Business
	executive office is:
The street address of one (1) o	office in Idaho: 2765 Fairgrounds Rd
-	sses of all partners (attached sheets may be added):
Name Brett Leyshon	Address 2890 Cold Creek Rd American Falls ID 83211
Lisa Leyshon	2890 Cold Creek Rd American Falls ID 83211
The names of the partners aut eld in the name of the partnershi Brett Leyshon	horized to execute an instrument transferring real property
Lisa Leyshon	
. Signature of at least 2 partners	s:
Typed Name Blett Leyshon  Typed Name Lisa Leyshon	Secretary of State use only  Secretary of State use only  IDAHO SECRETARY OF  93/15/2011 (CV: 1552 CV: 255553 RH
3) Typed Name	TOOM 1 TO SECRETARY OF 93/15/2011 @ 93/15/2011 @ 1552 CT: 256553 BH

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