



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2015 JAN 15 AM 9:29

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: Allen's TCB
2. The street address of its chief executive office is: 200 Creekside, Hagerman, ID 83332
3. The street address of one (1) office in Idaho: 200 Creekside, Hagerman, ID 83332
4. The names and mailing addresses of all partners (attached sheets may be added):

| Name | Address |
|--------------------------|---------------------------------------|
| <u>Lon William Allen</u> | <u>PO Box 605, Hagerman, ID 83332</u> |
| <u>Carmen Lee Allen</u> | <u>PO Box 605, Hagerman, ID 83332</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>Lon William Allen</u> | <u>Carmen Lee Allen</u> | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. Signature of at least 2 partners:

- 1) *Lon W Allen*
Typed Name Lon William Allen
- 2) *Carmen Lee Allen*
Typed Name Carmen Lee Allen
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/15/2015 05:00

CK:1043 CT:305217 BH:1457314

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Revised 08/2002
Web Form

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