



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

11 DEC -9 AM 8:47

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 name of the partnership is: CUSTER HOLDING
- The street address of its chief executive office is: 2011 OAKWOOD DR  
TWIN FALLS, ID 83301
- The street address of one (1) office in Idaho: 450 POLELINE RD OFFICE  
TWIN FALLS, ID 83301
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>LINDA WILLS</u>	<u>201 OAKWOOD DR. TWIN FALLS, ID</u>
<u>CHRISTY WILLIAMS</u>	<u>1196 MTN. VIEW DR TWIN FALLS, ID</u>
<u>ROBERT SHILLINGTON</u>	<u>3156 HEATHERWOOD DR TWIN FALLS, ID</u>

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

<u>LINDA WILLS</u>	<u>2011 OAKWOOD DR TWIN FALLS, ID</u>
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- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>LINDA S WILLS</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

- Signature of at least 2 partners:

1) Linda S Wills

Typed Name LINDA S WILLS

2) Christy J Williams

Typed Name CHRISTY J WILLIAMS

3)

Typed Name

Secretary of State use only

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Revised 06/2002  
Web Form

IDAHO SECRETARY OF STATE  
12/09/2011 05:00  
CK: 190 CT: 264623 BH: 1300970  
1 @ 100.00 = 100.00 PARTN AUTH # 2

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