



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED/EFFECTIVE
OCT 29 1 05 PM '01

SECRETARY OF STATE

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 Phase Systems
- 2. The street address of its chief executive office is: 10400 Overland Rd. Suite 371
Boise, ID 83709
- 3. The street address of one (1) office in Idaho: Same as above

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

Name	Address
<u>Drew Banning</u>	<u>6200 River Pointe Dr. #c105 Boise, ID 83714</u>
<u>Robert Switzer</u>	<u>667 E Moonhill St Kuna, ID 83634</u>
_____	_____

OR the name and address of the registered agent in Idaho is:

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

<u>Drew Banning</u>	<u>Robert Switzer</u>	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]
Typed Name Drew Banning

2) [Signature]
Typed Name Robert Switzer

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 10/29/2001 05:00
 CK: 2533 CT: 152974 BH: 426901
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