



# AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

Click here to clear form.

(instructions on back of application) 1 AUG 24 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the partnership authority is:

Hoke Partnership

2. The date of which its statement of partnership authority was filed with the Idaho

Secretary of State was 02/28/05 and its domestic state is: Idaho

3. The statement of partnership authority is amended as follows: [check appropriate box(es)]

☐ a. The name of the partnership authority is amended to read:

☒ b. The name of each withdrawing partner is:

Elaine C. Hoke

☐ c. The name and business address of each new partner is: (if more space is needed, continue in block e)

☐ d. The name(s) of partners added or removed for authorization to execute an instrument transferring real property held in the name of the partnership:

Add: \_\_\_\_\_

Remove: \_\_\_\_\_

☐ e. Other amendments (optional):

Signature of at least two (2) partners:

Signature

Typed Name Steven R. Hoke

Signature

Typed Name Janice L. Hoke

Signature

Typed Name

Secretary of State use only

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Revised 11/2010

IDAHO SECRETARY OF STATE  
08/24/2011 05:00  
CK: 1821 CT: 192782 BH: 1287884  
1 @ 30.00 = 30.00 STMT AMEN # 2

K302