



# AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

Click here to clear form.

(instructions on back of application) 11 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 Steven R. Hoke

Typed Name Steven R. Hoke

Signature Janice L. Hoke

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: 1021 CT: 192702 BH: 1207804  
1 @ 30.00 = 30.00 STMT AMEN # 2

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