



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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: 3D'S AUTO WHOLESALE
2. The street address of its chief executive office is: 15047 N. GOVERNMENT WAY
HAYDEN, IDAHO 83835
3. The street address of one (1) office in Idaho: _____

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

Name	Address
<u>JOSEPH DUPLESSIS</u>	<u>11905 AVONDALE LOOP HAYDEN LAKE, IDAHO 83835</u>
<u>DENNIS DUPLESSIS</u>	<u>11905 AVONDALE LOOP HAYDEN LAKE, IDAHO 83835</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>JOSEPH DUPLESSIS</u>	<u>DENNIS DUPLESSIS</u>	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]
Typed Name JOSEPH DUPLESSIS

2) [Signature]
Typed Name DENNIS DUPLESSIS

3) _____
Typed Name _____

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
07/02/2009 05:00
CK: 2019 CT: 238485 DH: 1177256
1 @ 100.00 = 100.00 PARTIAL AUT # 2

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