

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

08 APR 30 AM 8:17

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: Crescent Expressions

2. The street address of its chief executive office is: _____
653 West Pickford Street, Meridian, ID 83646

3. The street address of one (1) office in Idaho: _____
756 West Colbert Street, Meridian, ID 83646

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

Name	Address
<u>Nicole Malamatenios</u>	<u>756 West Colbert Street, Meridian, ID 83646</u>
<u>Katie Batham</u>	<u>653 West Pickford Street, Meridian, ID 83646</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>Nicole Malamatenios</u>	_____	_____
<u>Katie Batham</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]
 Typed Name Nicole Malamatenios

2) [Signature]
 Typed Name Katie Batham

3) _____
 Typed Name _____

g:\corp\forms\grform\partnershipauth.pdf
Revised 09/2002

Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
04/30/2008 05:00
CK: 1316 CT: 225497 BH: 1112657
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