FILED EFFECTIVE

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

02 DEC -3 PM 12:36
OFFICE OF 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: Jamin

2. The street address of its chief executive office is: 4300 Pasadena Dr. #36, Boise, Idaho 8370[illegible]

3. The street address of one (1) office in Idaho: 4300 Pasadena Dr. #36, Boise, ID 83705

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

Name	Address
Jean K. Krogstad	4300 Pasadena Dr. # 36, Boise, ID 83705
Maggie Williamson	3080 Lakeridge Place, Boise, ID 83706

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:

Jean K. Krogstad

Maggie Williamson

6. Signature of at least 2 partners:

1) _____

Typed Name Jean K. Krogstad

2) Jean K. Krogstad

Typed Name Maggie Williamson

3) Maggie Williamson

Typed Name _____

Secretary of State use only

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Revised 01/2001
Web Form

IDAHO SECRETARY OF STATE
12/03/2002 05:00
CK: 1014 CT: 165444 BH: 649172
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