



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

09 MAY 18 AM 9:00

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: Grounded

2. The street address of its chief executive office is: 5802 Sagle Rd, Sagle, ID 83860

3. The street address of one (1) office in Idaho: 5802 Sagle Rd, Sagle, ID 83860

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

Name	Address
<u>Robert J. Repp</u>	<u>PO Box 1587, Sandpoint, ID 83864</u>
<u>Michelle C. Higgins</u>	<u>PO Box 1587, Sandpoint, ID 83864</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>Robert J. Repp</u>		
<u>Michelle C. Higgins</u>		

6. Signature of at least 2 partners:

1) [Signature]
Typed Name Robert J. Repp

2) [Signature]
Typed Name Michelle C. Higgins

3) _____
Typed Name _____

Secretary of State use only

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Revised 09/2002
Web Form

IDAHO SECRETARY OF STATE
05/18/2009 05:00
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