

FILED EFFECTIVE



AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

(instructions on back of application)

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2015 MAR 20 AM 8:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the partnership authority is:

2. The date of which its statement of partnership authority was filed with the Idaho

Secretary of State was _____ and its domestic state is: _____

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:

A Little Comfort Quilting

- ☐ b. The name of each withdrawing partner is:

- ☐ 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):

New Address:

7189 Main Street

PO Box 841

Bonners Ferry ID 83805

Signature of at least two (2) partners:

Signature

Pamela K. Little

Typed Name

Pamela K Little

Signature

George R Little

Typed Name

George R Little

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE

03/20/2015 05:00

CK:1044 CT:291012 BH:1467107

1@ 30.00 = 30.00 STMT AMEN #2

K149