

(Instructions on back of application)

2014 JUL -3 PM 12:38

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.

- 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>MICHAEL J. FLORENCE,</u>	<u>JACK H. LINCKS,</u>	<u> </u>
<u>D.M.D., M.S., P.A.</u>	<u>D.D.S., M.S., P.A.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

- 6. Signature of at least 2 partners:**

1) _____
Typed Name MICHAEL J. FLORENCE, DMD MS PA

2) *DMD. MS. PA.*
Typed Name JACK H. LINCKS, D.D.S., M.S., P.A.

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

07/03/2014 05:00

CK:CASH CT:298670 BH:1431925
1@ 100.00 = 100.00 PARTN AUT #2

K 1196