

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)



The undersigned partnership hereby files a statement of partner the following information to the Secretary of State pursuant to be	*
1. The name of the partnership is:	ı İdaho General Partnership

. The street address of its chief	executive office is:	
3679 Rock Creek Road Americ	can Dalls ID 83211	
. The street address of one (1)	office in Idaho:	
same as above	•	
. The names and mailing addre	esses of all partners (attached sheets may be added):	
Name	Address	
Gilbert B Hofmeister	3679 Rock Creek Road, American Falls, ID 83211	
James L Hofmelster	195 Howard Street, American Falls, ID 83211	
Gilbert P Hofmeister	555 Fillmore Street, American Falls, ID 83211	
OR the name and address of t	the agent in Idaho who maintains a list of all partners:	
i. The names of the partners au neld in the name of the partnersh same names listed above	athorized to execute an instrument transferring real property	
6. Signature of at least 2 partner	15.	
1) Dellest Notments		

1) Sellest Holmeste	
Typed Name Gilbert B Hofmeister	_
2) C Jolenele Hofmeister	_

Jolene W Holmelster Typed Name

Typed Name

3)\_

IDAHO SECRETARY OF STATE 01/12/2016 05:00

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## Statement of Partnership Authority

4. The names and mailing addresses of all partners

NAME

ADDRESS

Jolene W Hofmeister

3679 Rock Creek Road, American Falls, ID 83211