

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2017 AUG 21 PM 2: 05

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 p	partnership is:	nstruction
		e is: 365 W 400 N Blackfoot, Idaho 83221
3. The street addres	s of one (1) office in Idaho:	365 W 400 N Blackfoot, Idaho 83221
Name	nailing addresses of all part Addres	tners (attached sheets may be added):
Luis A Villa	2376 C	Clinger Dr. American Falls, Idaho 83211
held in the name of t		ecute an instrument transferring real property
6. Signature of at least 1) April 10 Ap	ast 2 partners:	Secretary of State use only 1DAHO SECRETARY OF STATE 08/21/2017 05:00 08/21/2017 05:00 08/21/2017 05:00 1DAHO SECRETARY OF STATE 1DAHO SECRETARY OF STATE 08/21/2017 05:00 08/21/2017 05:00 08/21/2017 05:00 10 20 00 = 20 00 EXPEDITE C #2