

FILED-EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2008 MAR 19 PM 2:27

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: LONG DRIVE GOLF SHOP
2. The street address of its chief executive office is: 2321 W. FAIRWAY DR.
COA, ID. 83815
3. The street address of one (1) office in Idaho: 2321 W. FAIRWAY DR
COA, ID 83815

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

Name	Address
<u>DAVID HOBSON</u>	<u>2321 W. FAIRWAY DR COA, ID. 83815</u>
<u>LAURA TAYLOR</u>	<u>2321 W. FAIRWAY DR COA, ID. 83815</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:

DAVID HOBSON
LAURA TAYLOR

6. Signature of at least 2 partners:

1) [Signature]
Typed Name DAVID HOBSON

2) [Signature]
Typed Name LAURA TAYLOR

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/19/2008 05:00
CK: 1504844 CT: 172099 BH: 1105553
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 CORP SUR # 3