



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2014 NOV 17 AM 9:29

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: Country Prim

2. The street address of its chief executive office is: 59 West Center, Grace, Id 83241

3. The street address of one (1) office in Idaho: 59 West Center, Grace, Id 83241

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

Name	Address
<u>Jodi Hardy</u>	<u>893 S. 1st E., Grace, Idaho 83241</u>
<u>Brandi Turner</u>	<u>801 S. 1st E., Grace, Idaho 83241</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:

<u>Jodi Hardy</u>	_____	_____
<u>Brandi Turner</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *Jodi Hardy*
Typed Name Jodi Hardy

2) *Brandi Turner*
Typed Name Brandi Turner

3) _____
Typed Name _____

g:\comptone\forms\partnershipauth.pdf
Revised 09/2002
Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE

11/17/2014 05:00

CK:500 CT:303257 BH:1449577

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