


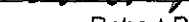


2017 JAN 30 AM 10:27

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:

- |                 |  |  |
|-----------------|--|--|
| Robert Petersen |  |  |
| Karyn Sullivan  |  |  |

- 1)   
Typed Name Robert Petersen
- 2)   
Typed Name Karyn Sullivan
- 3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

K1439