

STATEMENT OF PARTNERSHIP AUTHORITY 20

2017 JAN 30 AM 10: 27

(Instructions on back of application)

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.

The name of the partnership	IS;
The street address of its chie	ef executive office is:
Bonners Ferry, ID 83805	
	3353 District 2 Rd
·) office in Idaho:
Bonners Ferry, ID 83805	
The names and mailing add	resses of all partners (attached sheets may be added):
Name	Address
Robert Petersen	3353 District 2 Rd Bonners Ferry, ID 83805
Karyn Sullivan	3353 District 2 Rd Bonners Ferry, ID 83805
The names of the partners a	authorized to execute an instrument transferring real propert
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eld in the name of the partners	-
eld in the name of the partners Robert Petersen	-
eld in the name of the partners Robert Petersen	-
eld in the name of the partners Robert Petersen Karyn Sullivan	shìp:
Robert Petersen Karyn Sullivan S. Signature of at least 2 partners	ers: Secretary of State use only
Eld in the name of the partners Robert Petersen Karyn Sullivan S. Signature of at least 2 partners 1) Robert Petersen Typed Name Robert Petersen 2) Coryn Sullivan	ers: Secretary of State use only
Eld in the name of the partners Robert Petersen Karyn Sullivan S. Signature of at least 2 partners Typed Name Robert Petersen Typed Name Karyn Sullivan	ers: Secretary of State use only
Eld in the name of the partners Robert Petersen Karyn Sullivan S. Signature of at least 2 partners 1) Réleut Petersen Typed Name Robert Petersen 2) Loryn Sullivan	ers: Secretary of State use only IDAHO SECRETARY OF STA O1/30/2017 05:0