

# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

**FILED EFFECTIVE**

11 APR 25 AM 8:39

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: Jardine Enterprises
2. The street address of its chief executive office is: 3379 E. 500 N.  
Lewisville, Idaho 83431
3. The street address of one (1) office in Idaho: \_\_\_\_\_
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Benjamin Jardine</u>	<u>3379 E. 500 N. Lewisville, ID 83431</u>
<u>Andrea Jardine</u>	<u>3379 E. 500 N. Lewisville, ID 83431</u>
_____	_____


**OR** the name and address of the agent in Idaho who maintains a list of all partners:

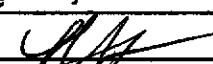
\_\_\_\_\_

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Benjamin Jardine</u>	_____	_____
<u>Andrea Jardine</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1)   
 Typed Name Benjamin Jardine

2)   
 Typed Name Andrea Jardine

3) \_\_\_\_\_  
 Typed Name \_\_\_\_\_

Secretary of State use only

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Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE  
 04/25/2011 05:00  
 CK: 2483 CT: 250009 BH: 1270638  
 1 @ 100.00 = 100.00 PARTN AUTH # 2

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