FILED EFFECTIVE

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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2017 APR 24 PM 12 01 SECRETARY OF STATE

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: ZAMORA LABOR RESOURCES 2. The street address of its chief executive office is: ______ 11107 PERCH ROAD CALDWELL ID 83607 3. The street address of one (1) office in Idaho: 11107 PERCH ROAD CALDWELL ID 83607 4. The names and mailing addresses of all partners (attached sheets may be added): Name Address HOMER J ZAMORA SR 4263 S RUSTLER LANE MERIDIAN ID 83642 HOMER ZAMORA JR 4263 S RUSTLER LANE MERIDIAN ID 83642 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: HOMER J ZAMORA SR HOMER ZAMORA JR 6. Signature of at least 2 partners: Secretary of State use only Typed Name HOMER LZAMORA SR Typed Name HOMER ZAMORA JR IDAHO SECRETARY OF STATE Typed Name 04/24/2017 05:00

CK:13265024 CT:172099 BH:1580574 10 100:00 = 100:00 PARTN AUT #2 10 20:00 = 28:00 EXPEDITE C #3

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