



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2007 AUG -1 AM 8:48

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: Knight Veterinary Clinic
- The street address of its chief executive office is: 220 ELM CREST
MOUNTAIN HOME, IDAHO 83647
- The street address of one (1) office in Idaho: SAME
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>LLOYD L KNIGHT</u>	<u>10420 MESA VIEW DR, HAMMETT ID 83627</u>
<u>THEODORE W HOFFMAN</u>	<u>600 NE BROKEN CIRCLE DR, MOUNTAIN HOME, ID 824</u>
<u>GARTH A. WADDOUPS</u>	<u>4178 E 550 NORTH, RIGBY IDAHO 83442-5246</u>

OR the name and address of the registered agent in Idaho is:

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

<u>LLOYD L. KNIGHT</u>	_____	_____
<u>THEODORE W. HOFFMAN</u>	_____	_____
<u>GARTH A. WADDOUPS</u>	_____	_____

- Signature of at least 2 partners:

1) *Theodore W. Hoffman*
Typed Name THEODORE W. HOFFMAN

2) _____
Typed Name GARTH A. WADDOUPS

3) *Garth A. Waddoups*
Typed Name _____

Secretary of State use only

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Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE
08/01/2007 05:00
CK: 5848 CT: 216018 BH: 1068525
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