

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

08 OCT -2 AM 8: 26

SECRE ARY OF STATE

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	ne undersigned partnership hereby file e following information to the Secreta				S
1.	The name of the partnership is:)			.•
	The street address of its chief executes 83706		e is:	y Woods Place, Boise, Idaho	-
3.	The street address of one (1) office i	in Idaho:	967 E. ParkCer	nter Blvd. #101, Boise, Idaho	•
4.	The names and mailing addresses of all partners (attached sheets may be added):				
	Name Lisa Wilson	Address 917 E. Riverpark Lane, Boise, Idaho 83706			
	Susan Platt	2223 Tawny Woods Place, Boise, Idaho 83706			-
	OR the name and address of the age The names of the partners authorized in the name of the partnership: Lisa Wilson			F	- ty
	Susan Platt				
6.	Signature of at least 2 partners: 1) June 1 Typed Name Susan Platt 2) June 1		enshipsuth.p65	Secretary of State use only	
	Typed Name Lisa Wilson 3) Typed Name		f	10/02/202	FE = 00 1138415 AUT = 8