

FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2006 MAR -3 AM 9:29

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: SSR Blackfoot Animal Clinic

2. The street address of its chief executive office is: 401 W. Collins Rd. Blackfoot ID83221

3. The street address of one (1) office in Idaho: 401 W. Collins Rd.

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
Dr. Brian Risa	Dr. David W. J. Stanley
341 N. 345 W	474 W. Riverton Rd
Blackfoot, Idaho 83221	Blackfoot, Idaho 83221

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

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

Dr. Brian Risa		
Dr. David W.J. Stanley		

6. Signature of at least 2 partners:

1) Brian Risa  
Typed Name Dr. Brian Risa

2) David W. J. Stanley  
Typed Name Dr. David W.J. Stanley

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

Secretary of State use only

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03/03/2006 05:00  
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