



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2006 DEC -6 AM 9:24

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: T. K. Larson and M. A. Manguba

2. The street address of its chief executive office is: 431 Park Ave.  
Idaho Falls, ID 83402

3. The street address of one (1) office in Idaho: 431 Park Ave.  
Idaho Falls, ID 83402

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

Name	Address
<u>Thomas K. Larson</u>	<u>1735 Shasta Ave., Idaho Falls, ID 83402</u>
<u>Marilynne A. Manguba</u>	<u>1735 Shasta Ave., Idaho Falls, ID 83402</u>

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:

<u>Thomas K. Larson</u>	_____	_____
<u>Marilynne A. Manguba</u>	_____	_____
	_____	_____
	_____	_____

6. Signature of at least 2 partners:

1) Thomas K. Larson 10/26/06

Typed Name Thomas K. Larson

2) [Signature] 10/26/06

Typed Name Marilynne A. Manguba

3) \_\_\_\_\_

Typed Name \_\_\_\_\_

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
12/06/2006 05:00  
CK: 2222 CT: 207140 BH: 1017750  
1 @ 100.00 = 100.00 PARTN AUT # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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