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STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

2018 AUG 27 PM 4:11

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: LG Lawncare
2. The street address of its chief executive office is: 1459 Mountain View Lane, Idaho Falls, ID
83402
3. The street address of one (1) office in Idaho: 1459 Mountain View Lane, Idaho Falls, ID
83402

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

Name	Address
<u>Lancelot Reese</u>	<u>1459 Mountain View Lane, Idaho Falls, ID 83402</u>
<u>Gavin Reese</u>	<u>1459 Mountain View Lane, Idaho Falls, ID 83402</u>

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:

Lancelot ReeseGavin Reese

6. Signature of at least 2 partners:

1)

Lancelot Reese
Typed Name

2)

Gavin Reese
Typed Name

3)

Gavin Reese
Typed Name

Secretary of State use only
IDAHO SECRETARY OF STATE
08/27/2018 05:00

CK:20006346 CT:172099 BH:1660962
1@ 100.00 = 100.00 PARTN AUT #2
1@ 20.00 = 20.00 EXPEDITE C #3

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Revised 08/27/07

Web Form

K1583