

STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

2015 JUN -4 AM 10: 05

| | e undersigned partnership hereby files a stateme following information to the Secretary of State p | | |
|------|---|---|--|
| 1, | The name of the partnership is: | · | |
| 2. | The street address of its chief executive office is: 9200 N. Ramsgate Ln | | |
| 3, ' | The street address of one (1) office in Idaho: 9200 N. Ramsgate Ln. Hayden, ID 83835 | | |
| 4. | The names and mailing addresses of all partners Name Address | (attached sheets may be added): | |
| | The names of the partners authorized to execute d in the name of the partnership: | msgate Ln. Hayden, ID 83835 | |
| 6. | Signature of at least 2 partners: | | |
| | Typed Name Christopher M. Harrison 2) Julia Harrison Typed Name Julia Harrison | Secretary of State use only IDAHO SECRETARY OF STATE 06/04/2015 05:00 CK:2901346 CT:172099 BH:147836 16 100.00 = 100.00 PARTN AUT # | |