



STATEMENT OF PARTNERSHIP AUTHORITY FILED EFFECTIVE

(Instructions on back of application)

2016 JAN 15 AM 9:58
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: Elkington Brothers, an Idaho General Partnership

2. The street address of its chief executive office is: _____

5080 E. Sunnyside Rd., Idaho Falls, ID 83406

3. The street address of one (1) office in Idaho: _____

5080 E. Sunnyside Rd., Idaho Falls, ID 83406

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

Name	Address
<u>Keith Elkington</u>	<u>5080 E. Sunnyside Rd., Idaho Falls, ID 83406</u>
<u>Brent Elkington</u>	<u>5080 E. Sunnyside Rd., Idaho Falls, ID 83406</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:

<u>Keith Elkington</u>	_____	_____
<u>Brent Elkington</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) Keith Elkington

Typed Name Keith Elkington, Partner

2) Brent Elkington

Typed Name Brent Elkington, Partner

3) _____

Typed Name _____

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE

01/15/2016 05:00

CK:3528204 CT:172099 BH:1508973

1@ 100.00 = 100.00 PARTN AUT #2

Web Form 1@ 20.00 = 20.00 EXPEDITE C #3

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