

STATEMENT OF PARTNERSHIP LED EFFECTIVE AUTHORITY

(Instructions on back of application) AM 9: 16

The undersigned partnership hereby file the following information to the Secretar	s a statement of party a	Affinip authority, and submits
. The name of the partnership is: WEST	POINT FARMS	•
2. The street address of its chief executi	ive office is: 1449 E 31	00 S, Wendell ID 83355
The street address of one (1) office in	n Idaho: 1449 E 3100	
4. The names and mailing addresses of Name	f all partners (attached a	sheets may be added):
Anthony & Beverly Vander Hulst outhfield, Carol Southfield, Edwin hfield, Patricia Southfield, Arie offs, Coralee Roeloffs	1260 Candleridge Cir, Twin Falls ID 83301 3308 S 1600 E. Wendell, ID 83355	
Jesse and Cheryl Koopman	1400 E 3100 S, Wendell, ID 83355	
5. The names of the partners authorize neld in the name of the partnership: Anthony & Beverly Vander Hulst	d to execute an instrun	
Edwin & Patricia Southfield	Arie & Corale	èe Roeloffs
Jesse & Cheryl Koopman 6. Signature of at least 2 partners; 1)	gicorpyomstperinershpauth.p85 Revised 01/2001	Secretary of State use only IDAHO SECRETARY OF STATE
3) Jun Typed Name	dorms/gpforms/pertine	02/24/2003 05 16 CK: 14929 CT: 1660 BH: 6644 1 # 196.06 = 180.06 PARTH AU