



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2006 APR 19 AM 9:30

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: R & S Cleaning Plus
2. The street address of its chief executive office is: 115 Fern St Nampa, ID 83686
3. The street address of one (1) office in Idaho: _____

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

Name	Address
Bonnie Hobbs	115 Fern St Nampa, ID 83686
Faless Hobbs	653 Queens DR Nampa, ID 83687

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:

Faless Hobbs	_____	_____
Bonnie Hobbs	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- 1) _____
Typed Name Bonnie Hobbs
- 2) Bonnie Hobbs
Typed Name Falessa Hobbs
- 3) Falessa Hobbs
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/19/2006 05:00
CK: 653 CT: 199401 BH: 950047
1 @ 100.00 = 100.00 PARTN AUT # 2

K 352