

FILED EFFECTIVE

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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2010 JAN 15 PM 4:32

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.

- The name of the partnership is: A+ BUSINESS SERVICES
- The street address of its chief executive office is: 502 N 3600 E Lewisville ID 83431
- The street address of one (1) office in Idaho: 502 N 3600 E Lewisville ID 83431
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Clinton R. Welker</u>	<u>502 N 3600 E Lewisville ID 83431</u>
<u>Serena Welker</u>	<u>502 N 3600 E Lewisville ID 83431</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Clinton R. Welker</u>	<u></u>	<u></u>
<u>Serena Welker</u>	<u></u>	<u></u>

- Signature of at least 2 partners:

1)

Typed Name Clinton R. Welker

2)

Typed Name Serena Welker

3)

Typed Name

Secretary of State use only

g:\eop\forms\partnership\partnershipauth.pdf

Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE
01/19/2010 05:00
CK: 372992 CT: 172899 BH: 1203783
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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