

FILED EFFECTIVE

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2011 JUL -7 PM 4:54

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: Aloha Landscape
2. The street address of its chief executive office is: 1102 N Florence Sandpoint Idaho 83864
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
<u>David Taylor</u>	<u>50 Rocky Point Rd Sandpoint Idaho 83864</u>
<u>Matt Papaleo</u>	<u>1102 N Florence Ave Sandpoint Idaho 83864</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>Matt Papaleo</u>	_____
_____	<u>David Taylor</u>	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]
Typed Name Matt Papaleo

2) [Signature]
Typed Name David Taylor

3) _____
Typed Name _____

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
07/11/2011 05:00
CK: 726781 CT: 172099 BH: 1281692
1 @ 20.00 = 20.00 EXPEDITE C # 3
1 @ 100.00 = 100.00 PARTN AUTH # 4

K951