



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2015 SEP 22 AM 10:34

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: Corner Market
2. The street address of its chief executive office is: 412 E 1st Ave
Glenns Ferry ID 83623
3. The street address of one (1) office in Idaho: 412 E 1st Ave
Glenns Ferry ID 83623
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Jay Wilde</u>	<u>PO Box 351 Glenns Ferry ID 83623</u>
<u>Cindi Wilde</u>	<u>PO Box 351 Glenns Ferry ID 83623</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>Jay Wilde</u>	_____	_____
<u>Cindi Wilde</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) <u>Jay Wilde</u>	_____
Typed Name <u>Jay Wilde</u>	_____
2) <u>Cindi Wilde</u>	_____
Typed Name <u>Cindi Wilde</u>	_____
3) _____	_____
Typed Name _____	_____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/22/2015 05:00

CK:19060 CT:274537 BH:1493222
1@ 100.00 = 100.00 PARTN AUT #5
1@ 20.00 = 20.00 CORP SUR #6
1@ 20.00 = 20.00 EXPEDITE C #7

g:\corporate\forms\partnership\auth.pdf

Revised 09/2002

Web Form

K1311