



# STATEMENT OF PARTNERSHIP AUTHORITY FILED EFFECTIVE

(Instructions on back of application) 08 MAR 19 AM 8:48

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: Fala Farms A Partnership

2. The street address of its chief executive office is: 3890 N 3614 E, Kimberly, Idaho 83341

3. The street address of one (1) office in Idaho: 3890 N 3614 E, Kimberly, Idaho 83341

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

Name	Address
<u>Gary Fiala</u>	<u>3890 N 3614 E, Kimberly, Idaho 83341</u>
<u>Jim Fiala</u>	<u>521 N 200 E, Jerome, ID 83338</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>Gary Fiala</u>	<u></u>	<u></u>
<u>Jim Fiala</u>	<u></u>	<u></u>

6. Signature of at least 2 partners:

- 1)   
Typed Name Gary Fiala
- 2)   
Typed Name Jim Fiala
- 3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

K 592

IDAHO SECRETARY OF STATE  
 03/19/2008 05:00  
 CK: 1504 CT: 223925 BH: 1185483  
 1 @ 100.00 = 100.00 PARTN AUT # 2

g:\corp\forms\to\forms\partnership\auth.pdf  
 Revised 03/2002  
 Web Form