

Typed Name

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

## FILED EFFECTIVE 2016 AUG 25 AM 11: 59

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 street address of its chief ex	xecutive office is: 103 sw 1st st Meridian ID 83642
The street address of one (1) office in Idaho:  103 sw 1st st Meridian ID 83642  The names and mailing addresses of all partners (attached sheets may be added):	
Sharon Whitten	103 SW 1st st Meridian ID 83642
Robert Eoff	103 SW 1st st Meridian id 83642
eld in the name of the partnership	orized to execute an instrument transferring real property
eld in the name of the partnership Sharon whitten Robert Eoff  6. Signature of at least 2 partners:	Secretary of State use only
eld in the name of the partnership Sharon whitten Robert Eoff  S. Signature of at least 2 partners:	Secretary of State use only
eld in the name of the partnership Sharon whitten Robert Eoff  6. Signature of at least 2 partners:	Secretary of State use only
Sharon whitten Robert Eoff  S. Signature of at least 2 partners:  Typed Name Sharon Whitten	Secretary of State use only
Sharon whitten  Robert Eoff  S. Signature of at least 2 partners:  Typed Name Sharon Whitten  2)	Secretary of State use only  IDANO SECRETARY OF STAT  08/25/2016 05:00