



CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY AND QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP (Instructions on back of application)

The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001A, § 53-3-1001, § 53-3-303.

1. The name of the limited liability partnership is:

Boomers Ad-vend-ture

2. It's prior name, if any, was:

N/A - none

3. The street address of its chief executive office is:

4251 N 2100E, Filer, ID 83328

4. The street address of one (1) office in Idaho; or name and street address of its registered agent in Idaho:

Linda Zink, 4251 N 2100E, Filer, ID 83328

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

Name	Address
<u>Robin Romney</u>	<u>4253 N 2100E, Filer, ID 83328</u>
<u>Linda Zink</u>	<u>4251 N 2100E, Filer, ID 83328</u>
<u>Don Zink</u>	<u>4251 N 2100E, Filer, ID 83328</u>

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

<u>Robin Romney</u>	<u>_____</u>	<u>_____</u>
<u>Linda Zink</u>	<u>_____</u>	<u>_____</u>

7. The mailing address for future correspondence is:

4251 N 2100E, Filer, ID 83328

8. The above-named partnership elects to be a limited liability partnership.

9. Future effective date (optional) _____

10. Signatures of at least 2 partners:

[Signature]
 Typed Name Robin Romney
[Signature]
 Typed Name Linda Zink

SECRETARY OF STATE
STATE OF IDAHO
2009 JUN -9 PM 12:38

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Secretary of State use only

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IDAHO SECRETARY OF STATE
06/09/2009 05:00
CK: 259688 CT: 172899 BA: 1173934
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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