1230



## STATEMENT OF PARTNERSHIP **AUTHORITY**

04 NOV 12 PM 1: 46

(Instructions on back of application) 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://方尺k	- 4x4					
2.	2. The street address of its chief executive office is: 4338 Chimbon Bloom						
	P ~>=						
3.	The street address of one (1) office in Idaho.	: 433	801	مد کی	ı I	3600	_
	BOISE ID 83714		<u> </u>				
4.	The names and mailing addresses of all par Name Addres		hed she	ets may l	e add	ed):	
	SHANC YOST 157	5 W	OUTR	LAND	MA	المهران	
	MARUN POPPER		1.		1 .		9364Z
			·		-		_
	OR the name and address of the registered						
		· · · · · · · · · · · · · · · · · · ·		···			
5.	The names of the partners authorized to exe	ecute an ins	strument	transferr	ing rea	l prope	rtv
he	eld in the name of the partnership:				Ü		
	SHANE YOST MARUN PEPPOR						
		·		····.	-	<del></del>	
6.	Signature of at least 2 partners:						
	1) I had			Sanatan at			
	Typed Name SHANE YOST	ıth p65		Secretary of	state use	only	
	2)	ershipau					
	Typed Name MARVIN PEPPER	ns\partn 01/200					
	3)	rplforms\gpforms\partners\pauft.p65		11/1	2/20		5:00
	Typed Name	— proviorm		1 0 198.0	CT: 183 = 188	668 BH: .00 PART	776251 N AUT # 2