

Typed Name

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application). However, 1995, 55

	the sc	Control of the state of the sta
	Sat has the	
	hereby files a statement of part ne Secretary of State pursuant t	•
I. The name of the partnersh	nip is:	··
2. The street address of its o	hief executive office is: <u>1475</u>	ernlee Circle, Emmett,
Idaho 83617		·
3. The street address of one	(1) office in Idaho: 120 E. Mair	, Emmett, ID 83617
4. The names and mailing a	ddresses of all partners (attache	d sheets may be added):
Name	Address	
OR the name and address of the registered agent in Idaho is:		•
Dennis W. White	1475 Fernlee Circ	le, Emmett, ID 83617
5. The names of the partner held in the name of the partn	s authorized to execute an instruership:	ument transferring real property
Dennis W. White	1475 Fernlee Circle	Emmett ID 83617
Susan K. White	1475 Fernlee Circle	Emmett ID 83617
6. Signature of at least 2 par	dnore:	
6. Signature of at least 2 par	thers.	
1) Jenny W.	White g	Secretary of State use only
Typed Name Dennis W. Wh	ite dum	
2 3 Malin)	Uputa Indiana	IDAHO SECRETARY OF STATE
Typed Name Susan K. Wh	ite / www.ms/barnershipauth.p65	11/20/2001 05:00 CK: 6246 CT: 153791 BH: 438593

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