



AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

Click here to clear form.

2017 OCT 12 PM 2:07

(instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the partnership authority is:

Lil' Mike's Smokin BBQ

2. The date of which its statement of partnership authority was filed with the Idaho

Secretary of State was April 10th and its domestic state is: Idaho.

3. The statement of partnership authority is amended as follows: [check appropriate box(es)]

- ☐ a. The name of the partnership authority is amended to read:

- ☒ b. The name of each withdrawing partner is:

Betty Shults

- ☐ c. The name and business address of each new partner is: (if more space is needed, continue in block e)

- ☒ d. The name(s) of partners added or removed for authorization to execute an instrument transferring real property held in the name of the partnership:

Add: _____

Remove: Betty Shults

- ☐ e. Other amendments (optional):

Signature of at least two (2) partners:

Signature Betty Shults

Typed Name Betty Shults

Signature Michael Shults

Typed Name Michael Shults

Signature _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/12/2017 05:00

CK:1740 CT:346893 BH:1607029

1@ 30.00 = 30.00 STMT AMEN #2

1@ 20.00 = 20.00 EXPEDITE C #3

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Revised 11/2010

K/265