



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

NOV 16 AM 8:55

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 name of the partnership is: GARTH VANORDEN FARMS
- The street address of its chief executive office is: 1487 PARKWAY DR
BLACKFOOT, ID 83221
- The street address of one (1) office in Idaho: _____
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>GARTH VANORDEN</u>	<u>1487 PARKWAY DR BLACKFOOT, ID 83221</u>
<u>JULIE VANORDEN</u>	<u>1487 PARKWAY DR BLACKFOOT, ID 83221</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

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

GARTH VANORDEN _____

JULIE VANORDEN _____

- Signature of at least 2 partners:

1) [Signature]
Typed Name GARTH VANORDEN

2) [Signature]
Typed Name JULIE VANORDEN

3) _____
Typed Name _____

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
11/16/2011 05:00
CK: 5554 CT: 46942 BH: 1298257
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Web Form

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