



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

11 FEB 22 AM 8:44

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: Lazy DJ Partnership
2. The street address of its chief executive office is: 506 Riverside Dr
Burley, ID 83318
3. The street address of one (1) office in Idaho: _____

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

Name	Address
<u>Donald F. Johnson</u>	<u>PO BOX 761 BURLEY, ID 83318</u>
<u>Terri Johnson</u>	<u>PO BOX 761 BURLEY, ID 83318</u>
<u>Megan R. Johnson</u>	<u>PO BOX 761 BURLEY, ID 83318</u>

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

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

<u>Donald F. Johnson</u>	<u>Sarah D. Johnson</u>	_____
<u>Terri Johnson</u>	_____	_____
<u>Megan R. Johnson</u>	_____	_____

6. Signature of at least 2 partners:

- 1)
Typed Name Donald F. Johnson
- 2)
Typed Name Terri Johnson
- 3) _____
Typed Name _____

Secretary of State use only

g:\corplforms\partnershipauth.p65
Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE
02/22/2011 05:00
CK: 7295 CT: 62541 BH: 1261025
1 @ 100.00 = 100.00 PARTN AUTH # 2

K910

Statement of Partnership Authority

#4 Additional Names:

Sarah D. Johnson

PO BOX 761

BURLEY, ID 83318