

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

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	e undersigned partnership hereby file following information to the Secreta				
1.	The name of the partnership is: Lai	nting shen	anigans		•
	The street address of its chief execu	=			_
	Ave. Boise FD	8370) '		·
3.	The street address of one (1) office i	n Idaho:	SAME		
4 .	The names and mailing addresses of	of all partners	(attached sh	eets ma	ay be added):
	Name	Address			<i>a 0</i> 22
	Greg Kosenott	4929	V. Bruxeli	es A	<u>1e Boise 83704</u>
	Greg Rosenoff Juanné Buscher	SAME	· ···		
	Troy M Nielsen				
	The names of the partners authorized in the name of the partnership: Greg Rosenoff Juanne Buscher Troy Nielsen		an instrume		ferring real property
6.	Signature of at least 2 partners: 1) Leg Rosenf Typed Name Greg Rosen off Typed Name Juanne Buschev		ısınpauth p65	Secreta	ary of State use only
	Typed Name Trou (. Nielson		otoms/gpforms/partne Revised 01/2001	CK:	IDAHO SECRETARY OF STATE 2/05/2005 05:01 CASH CT: 194700 BH: 92511 100.00 = 100.00 PARTN AUT 20.00 = 20.00 CORP SUR 1