



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2017 FEB -9 AM 9:16

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: Homedale Farmers Market

2. The street address of its chief executive office is: 5303 Ormsby Avenue Caldwell, ID 83607

3. The street address of one (1) office in Idaho: same

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

Name	Address
_____	_____
_____	_____
_____	_____

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

<u>Denise Dixon</u>	<u>5303 Ormsby Avenue Caldwell, ID 83607</u>
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5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Denise Dixon</u>	_____	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *Denise Dixon*

Typed Name Denise Dixon

2) *Jennifer Adkins*

Typed Name Jennifer Adkins

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/09/2017 05:00

CK:1068 CT:334397 BH:1568130

1@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 EXPEDITE C #3

g:\corp\forms\partnershipauth.p65
Revised 09/2002
Web Form

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