

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2017 AUG 25 PM 4:25

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: MIASTANTEC JV

2. The street address of its chief executive office is: _____

1401 SHORELINE DRIVE, BOISE, ID 83702

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

1401 SHORELINE DRIVE, BOISE, ID, 83702

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

Name	Address
<u>MARA McMILLEN</u>	<u>1401 SHORELINE DRIVE BOISE ID 83702</u>
<u>Michael Manwaring</u>	<u>2353 130th Avenue, NE Suite 200, Bellevue, WA 98005</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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) Mara McMullen
 Typed Name MARA McMILLEN
 2) Michael Manwaring
 Typed Name Michael Manwaring
 3) _____
 Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/25/2017 05:00

CK:31086 CT:205906 BH:1599995
 1@ 100.00 = 100.00 PARTN AUT #2
 1@ 20.00 = 20.00 EXPEDITE C #3
 Web Form 1@ 20.00 = 20.00 CORP SUR #4

g:\compliance\idcompliance\partnershipauth.pdf
 Revised 08/2002

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