

## STATEMENT OF PARTNERSHIP AUTHORITY

## FILED EFFECTIVE

K 354

2006 MAY -1 AM 10: 13

(Instructions on back of application)

The undersigned partnership hereby files the following information to the Secretary			
The name of the partnership is:	ain West Radi	ator	<u></u> .
2. The street address of its chief executive			man Rd., Pocatello, ID 83204
3. The street address of one (1) office in	164	5 N. Main S	reet, Pocatello, ID 83204
4. The names and mailing addresses of		attached	sheets may be added):
Name Glenn Orr	Address 4300 Stockman Rd., Pocatello, ID 83204		
Carol Orr	4300 Stockman Rd., Pocatello, ID 83204		
5. The names of the partners authorized held in the name of the partnership:	to execute	an instrur	nent transferring real property
Glenn Orr Carol Orr			
6. Signature of at least 2 partners:  1) Slem COS  Typed Name Glenn Orr  2) Caul OM		nnershipauth, p65	Secretary of State use only
Typed Name Carol Orr  3)  Typed Name		olformskjapformskjaanth.p65 Revised 01/2001	IDAHO SECRETARY OF STATE  05/01/2006 05:00  CX: 31388 CT: 199795 BH: 952194 1 0 100.00 = 100.00 PARTH AUT # 2