



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR -4 AM 8:57

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.

- The name of the partnership is: Spring Farms General Partnership
- The street address of its chief executive office is: 427 N. HISAW Ln.,
American Falls, ID. 83211
- The street address of one (1) office in Idaho: 427 N. HISAW Ln., American Falls, ID. 83211

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

Name	Address
<u>River Spring Farms, LLC</u>	<u>427 N. HISAW Ln., American Falls, ID. 83211</u>
<u>Gifford Spring Farms, LLC</u>	<u>429 N. HISAW Ln., American Falls, ID. 83211</u>
_____	_____

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

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

<u>River Spring Farms, LLC</u>	_____	_____
<u>Gifford Spring Farms, LLC</u>	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

1) Gifford Spring Farms, LLC by Gordon A. Webb "member" Secretary of State use only

Typed Name Gifford Spring Farms, LLC

2)

Typed Name River Spring Farms

3) by Douglas E. Webb member

Typed Name _____

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Revised 09/2002
Web Form

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04/04/2013 05:00
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