



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

12 JAN -3 AM 9:05

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: DSM& M PARTNERSHIP
2. The street address of its chief executive office is: 103 STAGE ROAD, DIXIE, ID 83525
3. The street address of one (1) office in Idaho: 103 STAGE ROAD, DIXIE, ID 83525
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Douglas R. and Mary Ellen Moore</u>	<u>187 Stage Road, Dixie, ID 83825</u>
<u>Michael S. and Sheila R. Wakefield</u>	<u>102 Bear Road, Dixie, ID 83525</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:

<u>Douglas R. Moore</u>	<u>Sheila R. Wakefield</u>	<u></u>
<u>Mary Ellen Moore</u>	<u></u>	<u></u>
<u>Michael S. Wakefield</u>	<u></u>	<u></u>

6. Signature of at least 2 partners:

- 1)
Typed Name Douglas R. Moore
- 2)
Typed Name Michael S. Wakefield
- 3)
Typed Name

Secretary of State use only

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Revised 09/2002
Web Form

IDAHO SECRETARY OF STATE
01/03/2012 05:00
CK: 1832 CT: 265524 BH: 1304200
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