



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

11 FEB 11 AM 8:58

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: AUNTIE'S FABRICS
- 2. The street address of its chief executive office is: 64891 HWY 2
BONNERS FERRY ID 83805
- 3. The street address of one (1) office in Idaho: SAME AS ABOVE

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

Name	Address
<u>LEANNA WEDEL</u>	<u>531 DAYBREAK RD BONNERS FERRY ID 83805</u>
<u>RUTH SCHMIDT</u>	<u>281 S DIVISION ST MOYIE SPRINGS ID 83845</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) *Leanna Wedel*
 Typed Name LEANNA WEDEL

2) *Ruth Schmidt*
 Typed Name RUTH SCHMIDT

3) _____
 Typed Name _____

Secretary of State use only

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Revised 09/2002

IDAHO SECRETARY OF STATE
02/11/2011 05:00
 CK: 560127 CT: 255427 BH: 1259600
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