

## AMENDMENT TO STATEMENT OF PARTNERSHIP AUTHORITY

Click here to clear form.

(instructions on back of application)

1.	The name of the p	partnership authority is:		
	Barker Ag a Partnership			
2.	The date of which Secretary of State	0.40.0000	uthority was filed with the Idaho and its domestic state is:	Idaho
3.	The statement of	partnership authority is amer	nded as follows: [check appropriate box(	(es)]
	a. The name of the partnership authority is amended to read:			
☑	b. The name of e	each withdrawing partner is:		
☑	Steven Dow Bark	I business address of each ne er 3077 Hwy 30 Soda Springs Ida 3077 Hwy 30 Soda Springs Idaho		in block e)
П				
Ц			or authorization to execute an instrun	nent transferring
	Add:	eld in the name of the partners  Steven Dow Barker	Sup. Ivan Dow Barker	
	Remove:	Thomas Hogan		
		nents (optional):		
•	nature of at least to	wo (2) partners:	Secretary of State	una colu
_		. Barker	Secretary of State	use only
• •	nature	n & Rouker	DAHO SECRE   12/18/26   18/28   18/2	
•	ped Name Glen Ba	arker	SECRE IDAHO SECRE	TARY OF STATE
Sig	nature <i>De</i> n	- Stayler	CK: 2533 CT: 20	1497 BH: 1351759 1.00 STMT AMEN # 2
Tyr	ned Name Dean S	S. Barker	8 8	