

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2016 MAY 20 PM 2:42

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: ESCOBARS CONCRETE
2. The street address of its chief executive office is: _____
204 W DION EMMETT, ID 83617
3. The street address of one (1) office in Idaho: _____
204 W DION EMMETT, ID 83617
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>HERIBERTO ESCOBAR</u>	<u>204 W DION EMMETT, ID 83617</u>
<u>JOSE LUIS ESCOBAR</u>	<u>805 S WARDWELL AVE EMMETT ID 83617</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>HERIBERTO ESCOBAR</u>	_____	_____
<u>JOSE LUIS ESCOBAR</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- 1) *Heriberto Escobar*
Typed Name HERIBERTO ESCOBAR
- 2) *Jose L. Escobar*
Typed Name JOSE LUIS ESCOBAR
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/20/2016 05:00

CK: CASH CT: 324688 BH: 1529631

1@ 100.00 = 100.00 PARTN AUT #2

K1374

g:\corp\forms\partnershipauth.pdf
Revised 08/2002
Web Form