FILED EFFECTIVE



Typed Name

STATEMENT OF PARTNERSHIP AUTHORITY

2015 MAR 19 AM 8: 55

SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

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. Knock & Son Home Repair Service 1. The name of the partnership is: 2. The street address of its chief executive office is: 2919 Sunflower Dr. Nampa, Id. 83686 3. The street address of one (1) office in Idaho: 2919 Sunflower Dr. Nampa Id. 83686 4. The names and mailing addresses of all partners (attached sheets may be added): Name Address Dave Enochson 2919 Sunflower Dr. Nampa, Id. 83686 Eric Enochson 1220 E. Amity Nampa, Id. 83686 **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: Dave Enochson Eric Enochson Signature of at least 2 partners: Secretary of State use only Typed Name Dave Enochson IDAMO SECRETARY OF STATE 03/19/2015 05:00 CK:1799 CT:307848 BH:1466937 Typed Name Eric Enochson 16 100.00 = 100.00 PARTN AUT #2

Web Form

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