



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2017 FEB 27 AM 8:57

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.

- The name of the partnership is: FixitPro Plus
- The street address of its chief executive office is: 6747 W colehaven dr Apt# 102 Boise Idaho
- The street address of one (1) office in Idaho: 1340 N Crosswater way Eagle Idaho 83616
- The names and mailing addresses of all partners (attached sheets may be added):

| Name | Address |
|------------------------|--|
| <u>Maryam Sabohi</u> | <u>1340 N Crosswater way Eagle Idaho 83616</u> |
| <u>Shayan Toghyani</u> | <u>6747 W Colehaven dr Apt 102 Boise Idaho 83704</u> |

OR the name and address of the agent in Idaho who maintains a list of all partners:

- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

| | | |
|------------------------|---------|---------|
| <u>Maryam Sabohi</u> | <u></u> | <u></u> |
| <u>Shayan Toghyani</u> | <u></u> | <u></u> |

- Signature of at least 2 partners:

- Typed Name Maryam Sabohi
- Typed Name Shayan Toghyani
- Typed Name

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Revised 08/2002

Secretary of State use only
IDAHO SECRETARY OF STATE
02/27/2017 05:00
CK: 12971412 CT: 172099 BH: 1570808
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Web Form

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