

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2016 APR 26 AM 8:54
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: COVER FARMS PARTNERSHIP
- The street address of its chief executive office is: 603 MEADOWVIEW LN N,
TWIN FALLS, ID 83301
- The street address of one (1) office in Idaho: 603 MEADOWVIEW LN N,
TWIN FALLS, ID 83301
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
_____	_____
_____	_____
_____	_____

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

JOHN W. COVER, JR 603 MEADOWVIEW LN N, TWIN FALLS, ID 83301

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

JOHN W. COVER, JR

ANDREW B. COVER

- Signature of at least 2 partners:

1) *Andrew Cover*

Typed Name ANDREW COVER

2) *John W. Cover, Jr*

Typed Name JOHN W. COVER, JR.

3) _____

Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/26/2016 05:00

CK:1477 CT:323643 BH:1525341

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Revised 09/2002

Web Form