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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2009 OCT 13 PM 2:00

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: Asylum Gaming

2. The street address of its chief executive office is: 1402 Anny Dr. E. Twin Falls, ID 83301

3. The street address of one (1) office in Idaho: 758 Falls Avenue Twin Falls, ID 83301

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Mark Greaves</u>	<u>1402 Anny Dr. E. Twin Falls, ID 83301</u>
<u>Debbie Ellifrits</u>	<u>3711-B N 2700 E. Twin Falls, ID 83301</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>Mark Greaves</u>	_____	_____
<u>Debbie Ellifrits</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- 1)
Typed Name Mark Greaves
- 2)
Typed Name Debbie Ellifrits
- 3) _____
Typed Name _____

g:\comp\home\idstate\forms\statementpa.pdf
Revised 09/2002

Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
10/13/2009 05:00
CK: 321741 CT: 172899 BH: 1198890
1 @ 188.00 = 188.00 PARTN AUT # 2
1 @ 28.00 = 28.00 EXPEDITE C # 3

K770

FILED EFFECTIVE