



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2014 DEC 19 PM 2:23

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: Grant of IDAHO

2. The street address of its chief executive office is: 1301 S. Capitol Blvd. Boise, Id. 83706

3. The street address of one (1) office in Idaho: 1301 S. Capitol Blvd. Boise, Id. 83706

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

Name	Address
<u>Larry Grant</u>	<u>1415 S. Colorado Boise, Id. 83706</u>
<u>Raelynn Grant</u>	<u>1415 S. Colorado Boise, Id. 83706</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>Larry Grant</u>	_____	_____
<u>Raelynn Grant</u>	_____	_____

6. Signature of at least 2 partners:

1)

Typed Name Larry Grant

2)

Typed Name Raelynn Grant

3) _____

Typed Name _____

Secretary of State use only
 IDAHO SECRETARY OF STATE
 12/19/2014 05:00
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 Revised 08/2002
 Web Form