

## STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

7004 APR 16 AM 9: 04

The undersigned partnership hereby files a the following information to the Secretary of	statement of partn f State pursuant to	lership authority and supplits Idaho Code § 53-3-303.
. The name of the partnership is: Paradi	se Pondscapes	
2. The street address of its chief executive	office is:101 Wes	st Main Street Suite A
		Idaho 83442
3. The street address of one (1) office in Ic	aho:101 We	st Main Street Suite A
	Rigby,	Idaho 83442
	idress	t, Rigby, Idaho 83442
Bracken Eckersell 1	01 West Main Str	eet Suite A, Rigby, ID 83442
5. The names of the partners authorized to held in the name of the partnership:		ment transferring real property
Rik Damarjian Bracke	n Eckersell	
6. Signature of at least 2 partners:		
1) /M/m		Secretary of State use only
Typed Name Rik Damarjian	fipauth.p.	
· V )/VOUN LOUNIVA	————   <u>#</u> 5	
Typed Name Bracken Eckersell	1.50 of 1.20 o	
Typed Name Bracken Eckersell 3)	nsignformsipartne Revised 01/2001	04/16/2004 05:06 CK: 512 CT: 178435 PH: 739716
	g.corp!forms\gpforms\partnershipauth.p65	04/16/2004 05:06 CK: 512 CT: 178435 MH: 739716