



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

10 DEC 21 AM 9:40

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: Ginger Buffalo
- The street address of its chief executive office is: 521 S Olive Ave. Sandpoint, ID 83864
- The street address of one (1) office in Idaho: 521 S Olive Ave. Sandpoint, ID 83864
- 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:

<u>Jacob Styer</u>	<u>521 S Olive Ave. Sandpoint, ID 83864</u>
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- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Jacob Styer</u>	<u>Raymond Styer</u>	_____	_____
<u>Emily Spellman</u>	<u>Robin Styer</u>	_____	_____
<u>Ruth Mattix</u>	_____	_____	_____

- Signature of at least 2 partners:

- 1) [Signature]

Typed Name Jacob Styer
- 2) [Signature]

Typed Name Emily Spellman
- 3) _____

Typed Name _____

Secretary of State use only

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Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE
12/20/2010 05:00
CK: 1113 IF: 253661 BH: 1251697
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