

FILED EFFECTIVE



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2017 JUN -5 AM 8:59

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: XXX LOGGING
- The street address of its chief executive office is: 1706 LEWISTON ST., COTTONWOOD, ID 83522
- The street address of one (1) office in Idaho: \_\_\_\_\_

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

Name	Address
<u>CODY D MILLER</u>	<u>1706 LEWISTON ST., COTTONWOOD, ID 83522</u>
<u>CASEY MILLER</u>	<u>1706 LEWISTON ST., COTTONWOOD, ID 83522</u>
<u>CLIFTON MILLER</u>	<u>PO BOX 272, STITES, ID 83553</u>

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

\_\_\_\_\_

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

<u>CODY D MILLER</u>	_____	_____
<u>CASE MILLER</u>	_____	_____
<u>CLIFTON MILLER</u>	_____	_____

- Signature of at least 2 partners:

- Cody D Miller*  
Typed Name CODY D MILLER
- Clifton Miller*  
Typed Name CLIFTON MILLER
- \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/06/2017 05:00CK:93515 CT:340696 BH:1587455  
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