



STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

2007 JUL -9 AM 8:11

SECRETARY OF STATE

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: Huckleberry Fire & Rescue.

2. The street address of its chief executive office is: 29 River Dr.

Clarkfork Idaho 83811

3. The street address of one (1) office in Idaho: 29 River Dr.

Clarkfork Idaho 83811

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

Name

Address

Lois John

P.O. Box 9 Hope Id. 83836

Wesley John

P.O. Box 9 Hope Id. 83836

OR the name and address of the registered agent in Idaho is:

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

Lois John

Wesley John

6. Signature of at least 2 partners:

1) Lois John

Typed Name LOIS JOHN

2) Wesley John

Typed Name WESLEY E. JOHN

3) _____

Typed Name _____

Secretary of State use only

g:\corpforms\forms\partnershipauth.pdf Revised 01/2001

IDAHO SECRETARY OF STATE
07/09/2007 05:00
CK: 3520 CT: 215190 BH: 1064567
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 CORP SUR # 3

K511