



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

07 DEC 27 PM 4:28

SECRETARY OF STATE
STATE OF IOWA
authority, and submit
1-52-2-202

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: LOVE-MOORE ART
2. The street address of its chief executive office is: 109 E NINTH AVE POST FALLS ID 83854
3. The street address of one (1) office in Idaho: 109 E NINTH AVE POST FALLS ID 83854
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
CHRISTOPER A MOORE	109 E NINTH AVE POST FALLS ID 83854
JOANNE N LOVE MOORE	109 E NINTH AVE POST FALLS ID 83854

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:

CHRISTOPER A MOORE		
JOANNE N LOVE MOORE		

6. Signature of at least 2 partners:

Signature of at least 2 parties:

1) Christopher A. Moore

Typed Name CHRISTOPHER A MOORE

2) Joanne N Love Moore
Typed Name JOANNE N LOVE MOORE

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
12/27/2007 05:00
CK: 1396451 CT: 172099 BH: 1091740
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