STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

07 DEC 27 PM 4:28

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.

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:

1) Christopher A. Moore

Typed Name CHRISTOPER A MOORE

2) Joanne N Love Moore

Typed Name JOANNE N LOVE MOORE

3)

Typed Name

Secretary of State use only

K566

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

Revised 09/2002