



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

08 APR 14 PM 12:58
SECRETARY OF STATE
STATE OF IDAHO
FILED EFFECTIVE

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: Salmon River Lodge and Cabins
- The street address of its chief executive office is: Karen Zak, 519 S. River St. Hailey,
Idaho 83333
- The street address of one (1) office in Idaho: 125 Hwy 75, Stanley Idaho 83278

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

Name	Address
<u>Karen Zak</u>	<u>P.O. Box 4314, Hailey ID 83333</u>
<u>Gary Zak</u>	<u>4901 Phinney Ave, Seattle WA. 98103 #202</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>Karen Zak</u>	_____	_____
<u>Gary Zak</u>	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

- Typed Name Karen Zak
- Typed Name Gary Zak
- _____
Typed Name _____

g:\compform\forms\partnershipauth.pdf

Revised 08/2002

Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
04/14/2008 05:00
CX: 1138 CT: 224925 BH: 1118037
1 @ 100.00 = 100.00 PARTN AUT # 2

K607