



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2012 MAR -9 AM 9:46

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: McCall Insurance
- The street address of its chief executive office is: 106 E. Park St. Ste. 105, McCall, ID 83638
- The street address of one (1) office in Idaho: 106 E. Park St. Ste. 105, McCall, ID 83638
- The names and mailing addresses of all partners (attached sheets may be added):

Name

Address

_____	_____
_____	_____
_____	_____

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

Shawn Bennett

PO Box 1876, McCall, ID 83638

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

Shawn Bennett

Carri Bennett

- Signature of at least 2 partners:

1)

Shawn Bennett

2)

Carri Bennett

3)

Typed Name

Secretary of State use only

g:\complaints\forms\partnership\auth.p65
Revised 09/2002
Web Form

IDAHO SECRETARY OF STATE
03/09/2012 05:00
CK: 19231679406 CT: 267933 BH: 1314318
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

K1005