



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2017 OCT 13 AM 08:00

The undersigned partnership hereby files a statement of partnership authority and hereby certifies the following information to the Secretary of State pursuant to Idaho Code § 53-3-303.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the partnership is: Creative Minds Daycare
2. The street address of its chief executive office is: 110 North 5th St
Montpelier Idaho 83254
3. The street address of one (1) office in Idaho: _____
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Elizabeth Tafoya</u>	<u>316 N 8th St Montpelier ID 83254</u>
<u>Kimberly Griglack</u>	<u>146 N 7th St Montpelier ID 83254</u>
_____	_____

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:

<u>Elizabeth Tafoya</u>	_____	_____
<u>Kimberly Griglack</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1)
Typed Name Elizabeth Tafoya

2)
Typed Name Kimberly Griglack

3) _____
Typed Name _____

Secretary of State use only

g:\corplforms\partnershipauth.p65

Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE
10/13/2017 05:00

CK:4537 CT:346987 BH:1607257
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