246



## STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2008 DEC 30 PM 4: 29

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: 5 + 5 FArm
2. The street address of its chief executive office is: 3800 N 3949 E
Hansen, TD 83384
3. The street address of one (1) office in Idaho: 3800 N 3949 E
Hanson, IN 83334
4. The names and mailing addresses of all partners (attached sheets may be added):
Name Address Byron Stanger 2800 N 3949 F HAnsen ID
Byron Stanger 3800 N 3949 E HAnsen, ID Shane Stastny
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:  Share Stating
6. Signature of at least 2 partners:
Typed Name Shane Stastny  Typed Name Shane Stastny  Typed Name  Sacretary of State use only  Sacretary of State use only  Typed Name  Typed Name  Typed Name  Typed Name  Typed Name
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