



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2005 DEC -2 AM 8:46

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.

1. The name of the partnership is: A & C Painting

2. The street address of its chief executive office is: 411 Altair Dr Twin Falls, ID 83301

3. The street address of one (1) office in Idaho: 411 Altair Dr Twin Falls, ID 83301

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

Name	Address
<u>Thomas J Ashby</u>	<u>216 El Camino Dr Twin Falls, ID 83301</u>
<u>Kevin Corrigan</u>	<u>411 Altair Dr Twin Falls, ID 83301</u>

OR the name and address of the registered agent in Idaho is:

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

<u>Thomas J Ashby</u>		
<u>Kevin Corrigan</u>		

6. Signature of at least 2 partners:

1) Thomas J Ashby

Typed Name Thomas J Ashby

2) Kevin Corrigan

Typed Name Kevin Corrigan

3) _____

Typed Name _____

g:\corpforms\partnershipauth.p65
Revised 01/2001
Web Form

Secretary of State use only

IDAHO SECRETARY OF STATE
12/02/2005 05:00
CK: 1271 CT: 194649 BH: 924745
1 @ 100.00 = 100.00 PARTN AUT # 2

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