



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

08 FEB -8 AM 8:37

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: N B PARTNERSHIP
2. The street address of its chief executive office is: 107 North Main, Grace, Id 83241
3. The street address of one (1) office in Idaho: Same
4. 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:

<u>Brian Mendenhall</u>	<u>P. O. Box 289, Grace, Id 83241</u>
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5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Brian Mendenhall</u>	_____	_____
<u>Vivien Mendenhall</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- 1) [Signature]  
Typed Name Brian Mendenhall
- 2) [Signature]  
Typed Name Vivien Mendenhall
- 3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

g:\comp\forms\partnershipauth.p65

Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE  
02/08/2008 05:00  
CK: 97 CT: 222389 BH: 1898748  
1 @ 100.00 = 100.00 PARTN AUT # 2

K 579