## FILED EFFECTIVE

246



Typed Name

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

2016 JUL -6 PM 1:37

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. Versa Tel Partnership 1. The name of the partnership is: 763 South Manor Heights Drive, Post Falls. 2. The street address of its chief executive office is: Idaho 83854 763 South Manor Heights Drive, The street address of one (1) office in Idaho: Post Falls, Idaho 83854 4. The names and mailing addresses of all partners (attached sheets may be added): Name Address 13157 W Harmon Ave, Post Falls, ID 83854 Cathy & Terry Werner 777 S Manor Hts Dr. Post Falls ID 83854 Charlene & Doug Beamer 763 S Manor Hts Dr. Post Falls ID 83854 Rosemary Dickson 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: Rosemary Dickson Cathy Werner Charlene Beamer Signature of at least 2 partners: Lickson Secretary of State use only Acompliorms/gaforms/parlmers/upauth.p65 Typed Name Rosemary Dickson TX.EC.M IDAHO SECRETARY OF STATE Charlene Beamer Typed Name

07/06/2016 05:00

CK: 4009870 CT: 172099 BH: 1536373 10 100.00 = 100.00 PARTN AUT #2 Web Form @ 20.00 = 20.00 EXPEDITE C #3

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