



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

10 MAR 29 AM 11:48

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: AA Produce

2. The street address of its chief executive office is: 404 Avenue H Boise, ID 83712

3. The street address of one (1) office in Idaho: 404 Avenue H Boise, Id 83712

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

Name	Address
<u>Alicia Eshbach</u>	<u>404 Avenue H Boise, ID 83712</u>
<u>Arantza Ugaldé</u>	<u>404 Avenue H Boise, ID 83712</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>Alicia Eshbach</u>	_____	_____
<u>Arantza Ugaldé</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1)   
 Typed Name Alicia Eshbach

2)   
 Typed Name Arantza Ugaldé

3) \_\_\_\_\_  
 Typed Name \_\_\_\_\_

Secretary of State use only

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 Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE  
 03/29/2010 05:00  
 CK: 409096 CT: 172099 BH: 1215000  
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