

## STATEMENT OF PARTNERSHIP FILED EFFECTIVE **AUTHORITY**

(Instructions on back of application)

08 AUG -5 AM 8: 17

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: Little Joys Academy  2. The street address of its chief executive office is: 9706 W. Shelterwood, Boise, ID 83709  3. The street address of one (1) office in Idaho:	O FOL	(mistractions on pa	ick of application)	08 AUG 3	
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