



STATEMENT OF PARTNERSHIP AUTHORITY FILED EFFECTIVE

(Instructions on back of application)

08 AUG -5 AM 8:17

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: 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: _____

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

Name	Address
<u>Becky L. Lawson</u>	<u>9706 W. Shelterwood, Boise, ID 83709</u>
<u>Jeanine Hurdman</u>	<u>9706 W. Shelterwood, Boise, ID 83709</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>Becky L. Lawson</u>	_____	_____
<u>Jeanine Hurdman</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *Becky Lawson*

Typed Name Becky Lawson

2) *Jeanine Hurdman*

Typed Name Jeanine Hurdman

3) _____

Typed Name _____

Secretary of State use only

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Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE
08/05/2008 05:00
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