



STATEMENT OF PARTNERSHIP AUTHORITY

(instructions on back of application)

07 FEB 26 PM 2: 43

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.

The name of the partners	hip is: HOBSBS PARTNERSHI	P	
	chief executive office is:	5 W MOSSY CUP ST	
BOISE, IDAHO 83709		•	
The street address of one	e (1) office in Idaho: SAME		
		•	
. The names and mailing a	addresses of all partners (atta	ached sheets may be added):	
Name NORMAN HOBSON	Address 5048 SILVERSPUR AVE. BOISE, IDA 83709		
CONLY HOBSON	3003 CHERRY LA	3003 CHERRY LANE, BOISE, IDA 83705	
DAVID HOBSON	10153 W SILVERKING COURT BOISE, IDA 83709		
. The names of the partne eld in the name of the parti NORMAN HOBSON		instrument transferring real property	
CON HOBSON	JEFF HOBSON		
DAVID HOBSON			
6. Signature of at least 2 pa	tners:		
Typed Name CON HOBSON	SSO Wheelth p65	Secretary of State use only	
Typed Name DAVID HOBSO		TRAID PROPERTY OF STATE	
3)	Z Z	IDAHO SECRETARY OF STATE 02/26/2007 05:6 CK: 3108 CT: 210130 BH: 1035	
Typed Name	r i i	1 9 100.00 = 100.00 PARTH AU 1 9 20.00 = 20.00 EXPEDITE	

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ADDITIONAL GENERAL PARTNERS:

D. GEORGE HOBSON 10622 W SANDPIPER BOISE, IDA 83709

JEFF HOBSON 595 W OAKHAMPTON DRIVE EAGLE, IDA 83616