

Typed Name Gaylord K Friesen

STATEMENT OF PARTNERSHIP **AUTHORITY**

FILED EFFECTIVE

2014OCT -6 AM 9: 23

SECRETARY OF STATE STATE OF IDAHO The undersigned partnership hereby files a statement of partnership authority, and submits

(Instructions on back of application)

the following information to the Secretary of State pursuant to Idaho Code § 53-3-303. 1. The name of the partnership is: Friesen and Sons 2. The street address of its chief executive office is: 1050 Burke St, Buhl, ID 83316-1800 3. The street address of one (1) office in Idaho: _ 1050 Burke St, Buhl, ID 83316-1800 4. The names and mailing addresses of all partners (attached sheets may be added): Name Address Melvin Friesen PO Box 587, Buhl, ID 83316-0587 Mike D Friesen 4238 N 900 E, Buhl, ID 83316-5401 Gaylord K Friesen 4213 N 950 E, Buhl, ID 83316-5409 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: Melvin Friesen Gaylord K Friesen Mike D Friesen 6. Signature of at least 2 partners: I DARO SECRETARY OF STATE corptorms/gpforms/partnershipauth.p65 Typed Name Melvin Friesen 10/06/2014 05:00 CK:1025 CT:301864 BH:1444094 10 100.00 = 100.00 PARTN AUT #2 Mike D Friesen Typed Name KIRT

Web Form