



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2013 FEB 11 AM 9:53
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: TOEBALING II
2. The street address of its chief executive office is: 301 SCOTT AVENUE, SUITE #1,
CITY OF RUPERT, COUNTY OF MINIDOKA, STATE OF IDAHO 83350
3. The street address of one (1) office in Idaho: 301 SCOTT AVENUE, SUITE #1
CITY OF RUPERT, COUNTY OF MINIDOKA, STATE OF IDAHO 83350
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>RAMON I. CHRISTIANSEN</u>	<u>609 VAL VERDE, RUPERT, IDAHO 83350</u>
<u>DR. JOHN R. GARRARD</u>	<u>508 RIVERSIDE, BURLEY, IDAHO 83318</u>
<u>DR. ROBERT P. WAYMENT</u>	<u>265 NORTH 125 WEST, RUPERT, IDAHO 83350</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>RAMON I. CHRISTIANSEN</u>	_____	_____
<u>DR. JOHN R. GARRARD</u>	_____	_____
<u>DR. ROBERT P. WAYMENT</u>	_____	_____

6. Signature of at least 2 partners:

1) <u><i>Ramon I. Christiansen</i></u>	_____
Typed Name	<u>RAMON I. CHRISTIANSEN</u>
2) <u><i>Dr. John R. Garrard</i></u>	_____
Typed Name	<u>DR. JOHN R. GARRARD</u>
3) <u><i>Robert P. Wayment</i></u>	_____
Typed Name	<u>DR. ROBERT P. WAYMENT</u>

Secretary of State use only

g:\corp\forms\partnershipauth.p65

Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE
02/11/2013 05:00
CK: 7590 CT: 147510 BH: 1359766
1 @ 100.00 = 100.00 PARTH AUT # 2

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