



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

09 SEP 30 AM 8: 50

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 partnership is: Hopfendawgs
- The street address of its chief executive office is: 039 Lower Broadford Rd  
Bellevue, ID 83313
- The street address of one (1) office in Idaho: same as above

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

Name	Address
<u>Paul Hopfenbeck</u>	<u>PO Box 753 Bellevue, ID 83313</u>
<u>Curtis Hopfenbeck</u>	<u>PO Box 158 Bellevue, ID 83313</u>
_____	_____

OR the name and address of the agent in Idaho who maintains a list of all partners:

\_\_\_\_\_

- The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>Paul Hopfenbeck</u>	_____	_____
<u>Curtis Hopfenbeck</u>	_____	_____
_____	_____	_____

- Signature of at least 2 partners:

- Paul Hopfenbeck*  
Typed Name Paul Hopfenbeck
- Curtis Hopfenbeck*  
Typed Name Curtis Hopfenbeck
- \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

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Revised 09/2002

Web Form

IDAHO SECRETARY OF STATE  
09/30/2009 05:00  
CK: 504649 CT: 240983 BH: 1189800  
1 @ 100.00 = 100.00 PARTIAL # 2

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