



# STATEMENT OF PARTNERSHIP AUTHORITY

**FILED EFFECTIVE**

(Instructions on back of application)

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: Emerald Office Services

2. The street address of its chief executive office is: 1311 Torrey Lane, Nampa, ID 83686

3. The street address of one (1) office in Idaho: 1311 Torrey Lane, Nampa, ID 83686

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

Name	Address
<u>Sharon Scaggs</u>	<u>1311 Torrey Lane, Nampa, ID 83686</u>
<u>David Scaggs</u>	<u>1311 Torrey Lane, Nampa, ID 83686</u>

OR the name and address of the registered agent in Idaho is:

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

<u>Sharon Scaggs</u>		
<u>David Scaggs</u>		

6. Signature of at least 2 partners:

1) *Sharon Scaggs*  
Typed Name Sharon Scaggs

2) *[Signature]*  
Typed Name David Scaggs

3) \_\_\_\_\_  
Typed Name \_\_\_\_\_

Secretary of State use only

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Revised 01/2001

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05/05/2003 05:00  
CK: 1294 CT: 169559 BH: 678788  
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