

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

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SECRETARY OF STATE

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:	PANADERIA L	A ESPIGA			
2.	The street address of its chief executive office is:  117 WEST MAIN ST  JEROME, ID 83338					
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۶.	The street address of one (1) office	e in Idano: _			<del></del>	
4.	The names and mailing addresse	s of all partne	rs (attached	sheets may be added	·	
	Name GRACIELA MENDOZA	Address 566 PROS	PECTOR DR	JEROME, ID 83338		
	JUAN MANUEL QUINTERO	703 18th A	VE EAST	JEROME, ID 83338		
5. nel	The names of the partners authorid in the name of the partnership:  GRACIELA MENDOZA	ized to execu	te an instrum	ent transferring real p	roperty	
	JUAN MANUEL QUINTERO					
6.	Signature of at least 2 partners:	MPN/halds				
	Typed Name GRACIELA MENDOZA		uff.p65	Secretary of State use only		
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	Typed Name JUAN MANUEL QUINTER	<b>₹</b> O	Amelypformetpertners Revised 01/2001	IDAHO SECRETARY (	F STATE	
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	Typed Name		E _		******* **** W &	

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