



STATEMENT OF PARTNERSHIP FILED EFFECTIVE AUTHORITY

(Instructions on back of application)

2017 JUL 17 AM 9:56

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: Simulated Reality

2. The street address of its chief executive office is: 242 2nd W. Apt #5 Rexburg ID, 83440

3. The street address of one (1) office in Idaho: 46 N. 2nd E. Rexburg, ID 83440-1643

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

Name	Address
Anthony Christensen	<u>242 2nd W. Apt #5 Rexburg ID, 83440</u>
Austin Kidd	<u>242 2nd W. Apt#7 Rexburg ID, 83440</u>
Cully Hendricks	<u>242 2nd W. Apt#7 Rexburg ID, 83440</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:

Anthony Christensen Anthony Christensen
 Austin Kidd Austin Kidd
 Cully Hendricks Cully Hendricks

6. Signature of at least 2 partners:

1) Anthony Christensen
 Typed Name Anthony Christensen

2) Austin Kidd
 Typed Name Austin Kidd

3) Cully Hendricks
 Typed Name Cully Hendricks

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 Revised 09/2002
 Web Form

Secretary of State use only
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 07/17/2017 05:00
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