CONSOLIDATED STATEMENT OF PARTNERSHIP AUTHORITY AND

QUALIFICATION OF LIMITED LIABILITY PARTINERSHIP 18

(Instructions on back of application) SECRETARY OF STATE STATE OF IDAHO The undersigned hereby file a consolidated statement of partnership authority and statement of limited liability partnership, and submit the following information to the Secretary of State pursuant to Idaho Code

§ 5	53-3-1001A, § 53-3-1001, § 53-3-303.	3 2 3 3	3	芦
1.	The name of the limited liability partnership is: Altavilla, LLP	TATE O	HAY -2	三日三
2.	It's prior name, if any, was: Altavilla, LLC	F IDAHO	PH 2:	EFFECTIVE
3.	The street address of its chief executive office is: 208 East 37th, #9, Garden City, Idaho 83714			VE -
4.	The street address of one (1) office in Idaho; or name and street address of its agent in Idaho: 208 East 37th, #9, Garden City, Idaho 83714	s registe	red	
5.	The names and mailing addresses of all partners (attached sheets may be address. Name Address. Jonathan Butterfield Benito Altamirano Address. Z400 H.// Low Formation Benito Altamirano	183	616 837	<u>-</u> '3
6.	The names of the partners authorized to execute an instrument transferring rename of the partnership:	al prope	rty held	in the
	Jonathan Butterfield Benito Altamirano			
7.	The mailing address for future correspondence is: 208 East 37th, #9, Garden City, Idaho 83714			
8.	The above-named partnership elects to be a limited liability partnership.			
9.	Future effective date (optional) 5-1-2003	ary of State	use only	
10.	Signature of at least 2 partners: 1) Signature of at least 2 partners: 1) Syped Name Jonthan Butterfield 2007	IDAHO SEO	RETARY OF	STATE 95:99

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