

STATEMENT OF PARTNERSHIP AUTHORITY

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(Instructions on back of application)

SECRE BY 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. THOMPSON INVESTMENTS A 1. The name of the partnership is: 2. The street address of its chief executive office is: ______ 3. The street address of one (1) office in Idaho: ______ 536 TERRACE DRIVE, BURLEY ID 83318 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name OR the name and address of the agent in Idaho who maintains a list of all partners: ANNETTE POPE 536 TERRACE DRIVE, BURLEY, ID 83318 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: ANNETTE POPE **CYNTHIA HARRIS BEVERLY FALDMO** DORILEE CLEGG 6. Signature of at least 2 partners: Secretary of State use only Typed Name ANNETTE POPE Typed Name DORILEE CLEGG Typed Name

Web Form