FILED EFFECTIVE

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STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2006 MAR 20 PM 1:05
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: ACBS TEAM.
2. The street address of its chief executive office is: 164 EAST 3900 SOUTH
   SALT LAKE CITY, UT 84107.
3. The street address of one (1) office in Idaho: 4355 WEST EMERALD STREET, SUITE 205
   BOISE, ID 83706.
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
TAD MANCINI	164 E. 3900 S., SALT LAKE CITY, UT 84107
DON COX	345 E PALM LANE, PHOENIX, AZ 85004

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:
   TAD MANCINI
   DON COX

6. Signature of at least 2 partners:
   1) Tad M
   Typed Name TAD MANCINI
   2) Don Cox
   Typed Name DON COX
   3)
   Typed Name

Secretary of State use only

gf:corp\forms\gp\forms\partnership\auth.p65 Revised 01/2001 Web Form

IDAHO SECRETARY OF STATE
03/20/2006 05:00
CK: 2026 CT: 198297 BH: 944414
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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