

FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

07 DEC 10 PM 1:42

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: SaRay Company
- 2. The street address of its chief executive office is: 2441 North O'Conner Ave.
Meridian, Idaho, 83646
- 3. The street address of one (1) office in Idaho: 2441 North O'Conner Ave.
Meridian, Idaho, 83646

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

Name	Address
<u>John R. Ewing</u>	<u>1500 Eldorado St. Boise, ID 83704</u>
<u>Sandy L. Crawford</u>	<u>2441 North O'Conner Ave. Meridian, ID 83646</u>
<u>Susan L. Lacy</u>	<u>11458 Alejandro St. Boise, ID 83709</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:

<u>John R. Ewing</u>		
<u>Sandy L. Crawford</u>		
<u>Susan L. Lacy</u>		

6. Signature of at least 2 partners:

- 1) *Sandy L Crawford*
Typed Name Sandy L. Crawford
- 2) *Susan Lacy*
Typed Name Susan L. Lacy
- 3) _____
Typed Name _____

Secretary of State use only

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Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE
12/10/2007 05:00
CK: 6266 CT: 228365 BH: 1089138
1 @ 100.00 = 100.00 PARTN AUTH # 2

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