



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE
10 FEB 10 AM 8:22

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: The Bar
2. The street address of its chief executive office is: 517 S Main Street, Troy, ID 83871

3. The street address of one (1) office in Idaho: 517 S Main Street, Troy, ID 83871

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

Name	Address
<u>Steve M Elkins</u>	<u>409 5th Ave (Box 342) Deary, ID 83823</u>
<u>Jolene A Elkins</u>	<u>409 5th Ave (Box 342) Deary, ID 83823</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>Steve M Elkins</u>	_____	_____
<u>Jolene A Elkins</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) [Signature]
Typed Name Steve M Elkins

2) [Signature]
Typed Name Jolene A Elkins

3) _____
Typed Name _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
02/10/2010 05:00
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