



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2007 JUL 25 AM 9:09

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: Little Impressions
2. The street address of its chief executive office is: 5961 Belleville Dr.
Coeurd'Alene ID. 83815
3. The street address of one (1) office in Idaho: Same as above

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

Name	Address
<u>Kathy Taylor</u>	<u>5961 Belleville Dr. Coeur d'Alene ID 83815</u>
<u>Michelle Taylor</u>	<u>1211 ST. Maries Coeur d'Alene ID. 83804</u>

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:

Kathy Taylor
Michelle Taylor

6. Signature of at least 2 partners:

1) Kathy Taylor
Typed Name Kathy Taylor

2) Michelle Taylor
Typed Name Michelle Taylor

3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/26/2002 05:00
CK: 4077 CT: 162198 BH: 479323
1 @ 100.00 = 100.00 PARTIAL AUT # 2
1 @ 20.00 = 20.00 CORP SUR # 3

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Revised 01/2001

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