FILED EFFECTIVE



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

08 AUG 20 AM 8: 41

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:	wo M's Housekeeping
	ecutive office is: P.O. Box 1146, Driggs, ID 83422
	11, Driggs ID, 83422
100 Dograd Ita	P.O. Box 1146. Driggs, ID 83422
3. The street address of one (1) office	ce in Idaho: P.O. Box 1146, Driggs, ID 83422
780 Buffalo Trail, [Driggs ID, 83422
4 The names and mailing addresse	s of all partners (attached sheets may be added):
Name	Address
Juan Martinez	PO Box 1146, Driggs, ID 83422
Enrique Martinez	PO Box 1146, Driggs, ID 83422
OR the name and address of the a	agent in Idaho who maintains a list of all partners:
E. The names of the partners sutho	rized to execute an instrument transferring real property
held in the name of the partnership:	nzed to execute an instrument trunctioning four property
Juan Martinez Enrique Martinez	
Elling of the transfer	
6. Signature of at least 2 partners:	2
1) —	Secretary of State use only
Typed Name Juan Martinez	12652
	F
2) Enrique Marsmer	20 TATE OF STATE
Typed Name Enrique Martinez 3)	CK: 1978 CT: 228971 BH: 1132346