FILED EFFECTIVE

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

07 AUG 20 AM 8:58

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: Hanson Architectural Illustration .

2. The street address of its chief executive office is: 162 Shire Drive, Victor, ID 83455

_____ .

3. The street address of one (1) office in Idaho: 162 Shire Drive, Victor, ID 83455

_____ .

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

Name	Address
Meghan Hanson Powers	P.O. Box 1563, Driggs, ID 83422
Kathleen Hanson	P.O. Box 1563, Driggs, ID 83422

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:

Meghan Hanson Powers		
Kathleen Hanson		

6. Signature of at least 2 partners:

1) _____

Typed Name Meghan Hanson Powers

2) _____

Typed Name Kathleen Hanson

3) _____

Typed Name _____

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Web Form

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/20/2007 05:00
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