

## STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

08 APR -7 AM 9: 35

SECRETARY OF STATE

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.

The name of the partnership i		
The street address of its chief	executive office is: 47372 High	ghway 200 Hope ID 83836
The street address of one (1)	office in Idaho: 47372 Highwa	ay 200 Hope ID 83836
The names and mailing addre	esses of all partners (attache	d sheets may be added):
Name Curtis Richard Smith	Address P.O. Box 24 Hope ID 83836	
Laurence James Smith	P.O. Box 24 Hope ID 8	3836
The names of the partners at all in the name of the partners Curtis Richard Smith		ument transferring real property
Laurence James Smith		
i. Signature of at least 2 partne	rs:	
1)	<b>y</b> 2	Secretary of State use only
Typed Name Curtis Richard Smit	mith  Revised 09/2002	
Thed Name Laurence/James Si	mith 8	IDAHO SECRETARY OF STA
3)	with Revised 09/2002	CK: 443 CT: 224667 BH: 1 1 0 100.00 = 100.00 PARTN
<b>4</b> ,		
Typed Name	Vormsk	1/1/12