



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

**FILED EFFECTIVE**

10 DEC -8 AM 8:30

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: Elevation Investments Joint Venture
2. The street address of its chief executive office is: 195 River Vista Place, Twin Falls, ID 83301

3. The street address of one (1) office in Idaho: 195 River Vista Place, Twin Falls, ID 83301

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

Name	Address
_____	_____
_____	_____
_____	_____

OR the name and address of the agent in Idaho who maintains a list of all partners:

Jeffrey E. Rolig, Esq. P.O. Box 5455, Twin Falls, ID 83303

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Rivis LLC

Jake & Grace LLC

LBW Investments, LLC

IDAHO SECRETARY OF STATE  
12/08/2010 05:00  
CK: 8714 CT: 142512 BH: 1249979  
1 @ 20.00 = 20.00 EXPEDITE C # 2

6. Signature of at least 2 partners:

- 1) [Signature]  
Typed Name Tom Nickel, Member of owner LLC
- 2) [Signature]  
Typed Name Phil J. Jones, Member of owner LLC
- 3) [Signature]  
Typed Name Robert Ward, Member of owner LLC

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/08/2010 05:00  
CK: 8713 CT: 142512 BH: 1249979  
1 @ 100.00 = 100.00 PARTN AUT # 2

g:\corpforms\sgforms\partnershipauth.pdf  
Revised 09/2002

Web Form

K892