



Typed Name

STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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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. Southside Farms 1. The name of the partnership is: 2. The street address of its chief executive office is: 2467 Stadium Blvd, Twin Falls, Idaho 83301 3. The street address of one (1) office in Idaho: 2467 Stadium Blvd, Twin Falls, Idaho 83301 4. The names and mailing addresses of all partners (attached sheets may be added): Name Address OR the name and address of the registered agent in Idaho is: Craig A. Moore 2467 Stadium Blvd, Twin Falls, ID 83301 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: Craig A. Moore Fransico T. Villalobos 6. Signature of at least 2 partners: Secretary of State use only Typed Name Francisco T. Villalobos

IDAHO SECRETARY OF STATE 05/24/2005 05:00 CK: 1317 CT: 189667 BH: 812179 1 8 180.00 = 100.00 PARTH AUT # 2