

STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

2013 JAN 30 AM 8: 4

The undersigned partnership hereby fi the following information to the Secret	iles a state ary of Stat	ement of partr te pursuant to	SECRETARY OF STA nership authority, and submits HO Idaho Code § 53-3-303.
The name of the partnership is:			
2. The street address of its chief exec	utive office	e is:	ougar Way, Meridian, Idaho,
3. The street address of one (1) office in Idaho:		2215 N Cougar Way, Meridian, Idaho, 83646	
The names and mailing addresses Name Patricia Miller	Address	5	sheets may be added): eridian, Idaho, 83646
OR the name and address of the agent in Idaho who maintains a list of all partners: 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: Patricia Miller			
Owen Miller 6. Signature of at least 2 partners:			
Typed Name Patricia J Miller 2) Typed Name Owen L Miller 3) Typed Name		g.korpVforms/gapforms/partnershipauth.p65	Secretary of State use only IDAHO SECRETARY OF STATE @1/30/2013 @5:00 CK: 1013 CT: 278772 BH: 1357931 1 8 106.00 = 106.00 PARTN AUT # 2