



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

**FILED EFFECTIVE**

2015 JAN 20 AM 10: 02

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: Reliable Billing Solutions
2. The street address of its chief executive office is: 3067 W Bayberry Court, Hayden, ID 83835
3. The street address of one (1) office in Idaho: 3067 W Bayberry Court, Hayden, ID 83835
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Stephanie Stenersen</u>	<u>3067 W Bayberry Court, Hayden, ID 83835</u>
<u>Brittany Barcus</u>	<u>22823 E Settler, Liberty Lake, WA 99019</u>
_____	_____

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:

<u>Stephanie Stenersen</u>	_____	_____
<u>Brittany Barcus</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) Stephanie Stenersen  
 Typed Name Stephanie Stenersen

2) Brittany Barcus  
 Typed Name Brittany Barcus

3) \_\_\_\_\_  
 Typed Name \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

01/20/2015 05:00

CK:1320 CT:305293 BH:1457593

1@ 100.00 = 100.00 PARTN AUT #2

1@ 20.00 = 20.00 EXPEDITE C #3

g:\corp\forms\spforms\partnershipauth.pdf  
 Revised 09/2002

Web Form

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