

STATEMENT OF PARTNERSHIP **AUTHORITY**

O6 JAN 27 PM 3: 38

(Instructions on back of application)

	STATE OF IDALIATE
The undersigned partnership hereby files a statement of partnership the following information to the Secretary of State pursuant to Idaho	authority, and submits
1. The name of the partnership is: V 5 F Siding	general Partnershy
2. The street address of its chief executive office is: 13029	J. Favikner
Drive Mountain home, 10. 8304	<u> </u>
3. The street address of one (1) office in Idaho: 13229 N.	
Drive Mountain home, 10. 8:	3041
4. The names and mailing addresses of all partners (attached shee	ts may be added):
Name Address Victor Hernandez Bodrauez 13229 N. Fam	Wher Dr.
Fermin Hemandez Mora 13229 N. Fau	ulkner Dr.
	
OR the name and address of the registered agent in Idaho is:	
5. The names of the partners authorized to execute an instrument t	ransferring real property
held in the name of the partnership:	
4 10 10 1	
6. Signature of at least 2-partners:	
1) with the form the first of the second sec	ecretary of State use only
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Typed Name Victor Hernandez Fadry 82 2) Fermin Hernandez Mara Typed Name Formin Hernandez Mores	ecretary of State use only IDAHO SECRETARY OF STATE
Typed Name Victor Hernandez Farry 822 2) Fermin Hernandez Mara	,