



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

**FILED EFFECTIVE**

11 MAY 13 AM 8:35

SECRETARY OF STATE  
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: Grant's Neighborhood Grill
- 2. The street address of its chief executive office is: 1221 W. Boise Ave. Boise, Id. 83706
- 3. The street address of one (1) office in Idaho: 1415 S. Colorado Boise, Id 83706

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

Name	Address
<u>Larry Grant</u>	<u>1415 S. Colorado Boise, Id. 83706</u>
<u>Raelynn Grant</u>	<u>1415 S. Colorado Boise, Id. 83706</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>Larry Grant</u>	<u></u>	<u></u>
<u>Raelynn Grant</u>	<u></u>	<u></u>

6. Signature of at least 2 partners:

- 1) [Signature]  
Typed Name Larry Grant
- 2) [Signature]  
Typed Name Raelynn Grant
- 3)   
Typed Name

Secretary of State use only

g:\optform\gform\partnershipauth.pdf  
Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE  
05/13/2011 05:00  
CX: 1742 CT: 184672 DH: 1273559  
1 @ 100.00 = 100.00 PARTN AUT # 2

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