



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

2015 DEC 11 AM 9:11

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: Apex Floor Care and Janitorial
2. The street address of its chief executive office is: 330 Robbins Ave., Twin Falls, ID 83301
3. The street address of one (1) office in Idaho: 330 Robbins Ave., Twin Falls, ID 83301
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>James L. & Shellene J. Duff</u>	<u>P.O. Box 2393, Twin Falls, ID 83303-2393</u>
<u>Taylor J. Duff</u>	<u>330 Robbins Ave., Twin Falls, ID 83301</u>
<u>Blake D. Duff</u>	<u>2037 Rivercrest Drive, apt #106, Twin Falls, ID 83301</u>

OR the name and address of the agent in Idaho who maintains a list of all partners:

James L. Duff 330 Robins Ave Twin Falls ID 83301

Mail to Po Box 2393 Twin Falls ID 83303

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

<u>James L. Duff</u>	<u>Blake D. Duff</u>	
<u>Shellene J. Duff</u>		
<u>Taylor J. Duff</u>		

6. Signature of at least 2 partners:

- 1) [Signature]
Typed Name James L. Duff
- 2) [Signature]
Typed Name Shellene J. Duff
- 3) _____
Typed Name _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/11/2015 05:00

CK: 6251 CT: 203730 BH: 1503846

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Revised 09/2007

Webb Form

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