

Typed Name

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)



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. Thomas Brothers Ranch 1. The name of the partnership is: 2. The street address of its chief executive office is: HC 79 Box 2060 Oreana, Idaho 83650 3. The street address of one (1) office in Idaho: HC 79 Box 2060 Oreana, Idaho 83650 4. The names and mailing addresses of all partners (attached sheets may be added): Name Address Robert A. & Kelly A. Thomas HC 79 BOX 2060 Oreana, Idaho Linda Ferris HC 05 BOX 6790 B Palmer, AK 99645 Ben A. Thomas Jr. 261 Hansen Road Woodland, WA 98674 **OR** the name and address of the registered agent in Idaho is: 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: Robert A. Thomas Linda Ferris Kelly A. Thomas Ben A. Thomas 6. Signature of at least 2 partners: Secretary of State use only Typed Name Robert A. Thomas Typed Name Ben A Thomas Jr