



# STATEMENT OF PARTNERSHIP AUTHORITY

**FILED EFFECTIVE**

(Instructions on back of application)

08 DEC -9 PM 1:19

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: D AND R DISTRIBUTORS
- 2. The street address of its chief executive office is: 160 NORTH 2ND EAST  
REXBURG IDAHO 83440
- 3. The street address of one (1) office in Idaho: 160 NORTH 2ND EAST  
REXBURG IDAHO 83440

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

Name	Address
<u>DAVID ADAMS</u>	<u>402 EAST 8200 SOUTH REXBURG IDAHO 83440</u>
<u>ROBERT JOHNSON</u>	<u>220 EAST OSBOURN RIRIE IDAHO 83443</u>
<u>KRISTY JOHNSON</u>	<u>220 EAST OSBOURN RIRIE IDAHO 83443</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>DAVID ADAMS</u>	<u>ROBERT JOHNSON</u>	<u>KRISTY JOHNSON</u>
_____	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

- 1)   
Typed Name DAVID ADAMS
- 2)   
Typed Name ROBERT JOHNSON
- 3) \_\_\_\_\_  
Typed Name KRISTY JOHNSON

Secretary of State use only

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

IDAHO SECRETARY OF STATE  
12/09/2008 05:00  
CK: 385 CT: 232188 BH: 1147568  
1 @ 100.00 = 100.00 PARTN AUT # 2  
1 @ 28.00 = 28.00 EXPEDITE C # 3

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