



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

06 DEC -8 PM 12: 20

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: Mobile Notary Services

2. The street address of its chief executive office is: _____
14292 W. Comisky, Boise, ID 83713

3. The street address of one (1) office in Idaho: _____
14292 W. Comisky, Boise, ID 83713

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

Name	Address
<u>Darrell L. Wickham</u>	<u>14292 W. Comisky, Boise, ID 83713</u>
<u>Chris M. Hays</u>	<u>4398 E. English Dr., Meridian, ID 83642</u>

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:

<u>Darrell L. Wickham</u>	_____	_____
<u>Chris M. Hays</u>	_____	_____
_____	_____	_____

6. Signature of at least 2 partners:

1) *Darrell L. Wickham*
 Typed Name Darrell L. Wickham

2) *Chris M. Hays*
 Typed Name Chris M. Hays

3) _____
 Typed Name _____

Secretary of State use only

g:\corp\forms\getform\partnershipauth.pdf
 Revised 01/2001
 Web Form

IDAHO SECRETARY OF STATE
 12/08/2006 05:00
 CK: 4466 CT: 287293 BH: 1818494
 1 @ 100.00 = 100.00 PARTN AUT # 2

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