



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

12 MAY -2 PM 3:29

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.

- The name of the partnership is: Snowbirds
- The street address of its chief executive office is: 6 Main Street - Marsing, ID 83639
(P.O. Box 58 - Marsing, ID 83639)
- The street address of one (1) office in Idaho: 6 Main Street - Marsing, ID 83639
- The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Michael B. Baker</u>	<u>P.O. Box 58 - Marsing, ID 83639</u>
<u>Shelli D. Baker</u>	<u>P.O. Box 58 - Marsing, ID 83639</u>

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

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

<u>Michael B. Baker</u>	<u>[Signature]</u>	<u> </u>
<u>Shelli D. Baker</u>	<u>[Signature]</u>	<u> </u>

- Signature of at least 2 partners:

- Michael B. Baker
Typed Name Michael B. Baker
- Shelli D. Baker
Typed Name Shelli D. Baker
- Typed Name

Secretary of State use only

g:\corpforms\lgforms\partnershipauth.p65
Revised 09/2002
Web Form

IDAHO SECRETARY OF STATE
05/02/2012 05:00
CK: 11070 CT: 269991 BH: 1322514
1 @ 100.00 = 100.00 PARTN AUT # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

K 1019