

STATEMENT OF PARTNERSHIP **AUTHORITY**

(Instructions on back of application)

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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.

street address of its chief	executive office is: 224 12th Ave South, Nampa Idaho 83651
e street address of one (1)	office in Idaho: 224 12th Ave South, Nampa Idaho 83651
e names and mailing addre	esses of all partners (attached sheets may be added):
Name David M. Akins	Address 224 12th Ave South, Nampa idaho 83651
Bruce E. Grint	control Aur Couth Names Idaho 83651
R the name and address of	the agent in Idaho who maintains a list of all partners:
R the name and address of	uthorized to execute an instrument transferring real propert
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R the name and address of the names of the partners are in the name of the partners David M. Akins Bruce E. Grint ignature of at least 2 partners	uthorized to execute an instrument transferring real propert

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