

Typed Name

STATEMENT OF PARTNERSHIP AUTHORITY

FILED EFFECTIVE

(Instructions on back of application)

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. **DATAMAC** 1. The name of the partnership is: 2. The street address of its chief executive office is: 2707 HIGHWAY 95 N COTTONWOOD, ID 83522 2707 HIGHWAY 95 N 3. The street address of one (1) office in Idaho: COTTONWOOD, ID 83522 4. The names and mailing addresses of all partners (attached sheets may be added): Address Name **OR** the name and address of the agent in Idaho who maintains a list of all partners: **EUGENE MCHUGH** 2705 HIGHWAY 95 N COTTONWOOD, ID 83522 5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership: **EUGENE MCHUGH** JO ANN MCHUGH 6. Signature of at least 2 partners: Secretary of State use only Typed Name

199.98 = 199.99 PARTH

Web Form