



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

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: PURE AIR LAWN CARE
2. The street address of its chief executive office is: 812 MAIN AVE NORTH
TWIN FALLS, ID 83301
3. The street address of one (1) office in Idaho: 812 MAIN AVE NORTH
TWIN FALLS, ID 83301
4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
JOEL E OLSEN	568 BAKER ST, TWIN FALLS, ID 83301
PAUL M MURPHY	17 PANTHER WAY, CAREY, ID 83320

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:

JOEL E OLSEN _____
PAUL M MURPHY _____

6. Signature of at least 2 partners:

1) Joel E Olsen
Typed Name JOEL E OLSEN

2) Paul M Murphey
Typed Name PAUL M MURPHEY

3) _____
Typed Name _____

http://corporatepartnershipauth.pdf
Revised 09/2002
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Secretary of State use only

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05/11/2012 05:00
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