



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.

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

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

- Signature of at least 2 partners:

1) Joel E Olsen
Typed Name JOEL E OLSEN

2) Paul Murphy
Typed Name PAUL M MURPHEY

3) _____
Typed Name _____

Secretary of State use only

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Revised 08/2002

IDAHO SECRETARY OF STATE
05/11/2012 05:00
CK: 97 CT: 278312 BH: 1323828
1 @ 100.00 = 100.00 PARTN AUT # 2

Web Form

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