



# STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

**FILED EFFECTIVE**

2005 MAR 23 AM 9:12

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: M + V
2. The street address of its chief executive office is: 201 E 1st Idaho Falls Id 83401
3. The street address of one (1) office in Idaho: \_\_\_\_\_

4. The names and mailing addresses of all partners (attached sheets may be added):

Name	Address
<u>Michele Arthur</u>	<u>549 Foster Idaho Falls Id 83401</u>
<u>Vicente Munoz</u>	<u>840 Dalton Idaho Falls Id 83402</u>

OR the name and address of the registered agent in Idaho is:

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

<u>Michele Arthur</u>	_____
<u>Vicente Munoz</u>	_____

6. Signature of at least 2 partners:

1) <u>Vicente Munoz</u>	_____
Typed Name	_____
2) <u>Michele Arthur</u>	_____
Typed Name	_____
3) _____	_____
Typed Name	_____

Secretary of State use only

g:\comptons\forms\partnership\auth.p65  
Revised 01/2001

IDAHO SECRETARY OF STATE  
03/23/2005 05:00  
CK: 3527 CT: 114131 BH: 888211  
1 @ 100.00 = 100.00 PARTN AUT # 2

K 258