

STATEMENT OF PARTNERSHIPFILED/EFFECTIVE **AUTHORITY**

(Instructions on back of application)

74 12 A 3c bn .05

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: _			s, an	Idaho g	ener	<u>al</u> .
2	The street address of its shief ave	partnershi	205 3	J. 10th	ı, Suite	200	
۷.	The street address of its chief exe	ecutive office is	3:				
	Boise, ID 83702						
3.	The street address of one (1) office Boise, ID 83702	ce in Idaho:	205 N. 1	.0th, 8	Suite 20	0	
	Boise, ID 63702			•••		·	·
4.	The names and mailing addresse	es of all partner	rs (attache	d sheets	may be a	dded):	
	Name Patrick K. March	Address 5020 Ham	npton Ct	., Lal	ce Osweg	o,OR	97035
	John C. Comick	6543 Bea	ach Dr.,	SW, S	Seattle,	WA	98136
							
	The names of the partners authorald in the name of the partnership: Patrick K. March	rized to execut	e an instru	ument tra	ansferring r	eal pr	operty
	John C. Comick					·	
6.	Signature of at least 2 partners	1		·			
	1) ////		£	Se	cretary of State	use only	
	Typed Name Patrick K. Marc	ch, general partner	o unined				
	2) to Comuch		rtnershi 001				
	Typed Name John C. Comick	, general partner	ns/gpforms/partin	Я	IDAHO SECRET		
	3)		Norms/goforms/partnershipauth, p65 Revised 01/2001	CK	: 19315 CT: 4	1643 Bi	
	Typed Name		5		****** - 10(7.00 P	WITH AUT # 2

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