



STATEMENT OF PARTNERSHIP AUTHORITY

(Instructions on back of application)

FILED EFFECTIVE

2010 APR 29 PM 3: 03

SECRETARY OF STATE
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.

- The name of the partnership is: B.W. Barkery
- The street address of its chief executive office is: 8631 N. Clarkview Place
Hayden, Id. 83835
- The street address of one (1) office in Idaho: _____

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

Name	Address
<u>Debbie Turner</u>	<u>8631 N. Clarkview Place Hayden, Id. 83835</u>
<u>Ben Turner</u>	<u>8631 N. Clarkview Place Hayden, Id. 83835</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>Debbie Turner</u>	_____	_____
<u>Ben Turner</u>	_____	_____

- Signature of at least 2 partners:

- Debbie Turner
Typed Name Debbie Turner
- Ben Turner
Typed Name Ben Turner
- _____
Typed Name _____

Secretary of State use only

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Revised 03/23/02

Web Form

IDAHO SECRETARY OF STATE
04/29/2010 05:00
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