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Trey Grayson
Secretary of State
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Kentucky Secretary of State TREY GRAYSON

| Division of Corporations BUSINESS FILINGS | Statement of | Partnership Authority | <u>SPA</u> |
|---|--------------------------|--|-----------------------------------|
| P.O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov/ | | | |
| Name of the partnership: | Shoe Game | | |
| • | | ress must be a street address): . Louisuille , Ky 4027 | <u>'Z</u> |
| 3. Complete address of the par | tnership's office in the | state of Kentucky, if one exists: | |
| maintain a list of names and | mailing addresses of a | ne name and mailing address of a all partners (please designate if partners (please River River Raylla Rayl | rtner or agent): |
| partnership: Lucian | R. Hyatl II, | transferring real property held in t | |
| 6. The partnership filed a Sta Foreign Qualification on | tement of Qualificatio | with the Kentucky Secreta | ; or a Statement of ary of State. |
| the partnership is as follow: | authority of some or al | | actions on behalf of |
| We declare under penalty of perj correct. | ury under the laws of | the state of Kentucky that the f | oregoing is true and |
| Executed by two partners on(Signature) | 7/20/06 1 # | (Day/Month/Year). (Signature) ALP HON 30 SCOT | |
| (Print or Type Name) | | (Print or Type Name) | |

Instructions:

SPA (07/2006)

Submit this form with one (1) exact or conformed copy.

The filing fee is \$40.00.

Please make check payable to the "Kentucky State Treasurer."

All information must be completed or this document will not be accepted for filing.