

ENTITY NAME: Blessed LCU Christian Book Store

ENTITY ID #: No listing

NAME CONFLICT WITH ID#: \_\_\_\_\_ DCN #: ~~021210 0022~~ \$25

NAME RESERVATION #: \_\_\_\_\_

**CHARTER EXAMINER WORKSHEET**

CHARTER / ENTRANCE FEE \_\_\_\_\_

JURISDICTION: \_\_\_\_\_

FILING FEE 25

**SPECIAL EFFECTIVE DATE / TIME**  
\_\_\_\_\_

TOTAL 25

INDUSTRY CODE: \_\_\_\_\_

AMENDMENT OR OTHER INFORMATION: \_\_\_\_\_

Part. Auth. 12/26/02  
CLR

**COPYWORK REQUESTED:**

**CORRESPONDENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMOUNT AVAILABLE FOR COPYWORK:**

\_\_\_\_\_

\_\_\_\_\_  
MAIL \_\_\_\_\_  
CALL \_\_\_\_\_  
FAX \_\_\_\_\_  
FED EX \_\_\_\_\_



COMMONWEALTH OF VIRGINIA



CLINTON MILLER  
CHAIRMAN

THEODORE V. MORRISON, JR.  
COMMISSIONER

HULLIHEN WILLIAMS MOORE  
COMMISSIONER

JOEL H. PECK  
CLERK OF THE COMMISSION  
P.O. BOX 1197  
RICHMOND, VIRGINIA 23218-1197

STATE CORPORATION COMMISSION  
Office of the Clerk

December 27, 2002

GALEN D POOLE  
7235 GOBY LN  
KING GEORGE, VA 22485

RE: BLESSED 2CU CHRISTIAN BOOKSTORE  
ID: J001899 - 5  
DCN: 02-12-10-0022

Dear Customer:

This is your receipt for \$25.00 covering the fees for filing a Statement of Partnership Authority with this office.

The effective date of the statement is December 27, 2002.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

A handwritten signature in black ink that reads 'Joel H. Peck'.

Joel H. Peck  
Clerk of the Commission

GPACCEPT  
CIS0436





UPA-93  
(05/02)

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

STATEMENT OF PARTNERSHIP AUTHORITY

The undersigned present this statement of partnership authority pursuant to § 50-73.93 of the Code of Virginia.

1a. The name of the partnership is:  
BLESSED ZCU CHRISTIAN BOOKSTORE

1b. The partnership was formed under the laws of VIRGINIA  
(state or country)

2. The street address of the partnership's chief executive office is:  
10071 KINGS HIGHWAY KING GEORGE VA. 22485  
(number and street) (city or town) (state) (zip code)

3. The street address of one office of the partnership in this Commonwealth (if any) is:  
\_\_\_\_\_  
(number and street) (city or town) VA (zip code)

4. (Mark applicable box)

( ) The names and mailing addresses of all of the partners are:

| Name                  | Address  |
|-----------------------|--|
| <u>Galen D. Poole</u> | <u>7235 Goby Ln</u><br><u>King George, VA 22485</u>  |
| <u>HELEN M POOLE</u>  | <u>7235 Goby Ln</u><br><u>King George, VA, 22485</u> |

OR

( ) The name and mailing address of an agent appointed and maintained by the partnership for the purpose of maintaining a list of the names and mailing addresses of all of the partners are:

| Name  | Address |
|-------|---------|
| _____ | _____   |

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

Galen D. Poole (name) Helen M. Poole (name)

6. (Optional). State the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matter:

7. Signatures of partners (must be executed by at least two).  
The individuals executing this document personally declare under penalty of perjury that the contents are accurate.

|                                      |   |                           |
|--------------------------------------|---|---------------------------|
| <u>Galen D. Poole</u><br>(signature) | <u>Galen D. Poole</u><br>(printed name) | <u>11/20/02</u><br>(date) |
| <u>Helen M Poole</u><br>(signature)  | <u>Helen M. Poole</u><br>(printed name) | <u>11 20/02</u><br>(date) |

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