

ENTITY NAME: International Business  
Bank CO.

ENTITY ID #: \_\_\_\_\_

NAME CONFLICT WITH ID#: \_\_\_\_\_

DCN #: 010807 0802

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

825 -

**CHARTER EXAMINER WORKSHEET**

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

STATE OF INC. \_\_\_\_\_

FILING FEE \_\_\_\_\_

SPECIAL EFFECTIVE DATE/TIME

COPYWORK FEE \_\_\_\_\_

TOTAL \_\_\_\_\_

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

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

Part. Auth. 8/9/01  
CLR

**SPECIAL INSTRUCTIONS:**

COPYWORK REQUESTED \_\_\_\_\_ CORRESPONDENT \_\_\_\_\_

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

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

J001621-3



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

August 15, 2001

YOGANANDA NUNEZ  
22121 S AVALON BLVD APT 224  
CARSON, CA 90745

RE: INTERNATIONAL BUSINESS LINK CO.  
ID: J001621 - 3  
DCN: 01-08-07-0802

**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 August 15, 2001.

If you have any questions, please call (804) 371-9733.

Sincerely,

Joel H. Peck  
Clerk of the Commission

GPACCEPT  
CIS0436



COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION  
STATEMENT OF PARTNERSHIP AUTHORITY

The undersigned presents this Statement of Partnership Authority pursuant to Section 50-73 93 of the Code of Virginia.

1 The name of the partnership is

INTERNATIONAL BUSINESS LINK CO.

2. The street address of the partnership's chief executive office is:

14424 VALVERDE COURT      SAN DIEGO      CA. 92129  
(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:

1215 ALABAMA DRIVE      HERNDON      VA      22070  
(number and street)      (city or town)      (zip code)

4 (Mark applicable box)

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

Name	Address
<u>YOGANANDA NUÑEZ</u>	<u>22121 S. AVALON BLVD. APT. 229</u> <u>CARSON, CA. 90745</u>
<u>NORMITA A. NUÑEZ</u>	<u>22121 S. AVALON BLVD. APT. 229</u> <u>CARSON, CA. 90745</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 is:

Name	Address
_____	_____

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

YOGANANDA C. NUÑEZ      NORMITA A. NUÑEZ  
(Name)      (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.

Yogananda C. Nuñez      Normita A. Nuñez

