FILED EFFECTIVE

## UNINCORPORATED NONPROFIT ASSOCIATION CHANGE OR TERMINATION OF REGISTERED AGENT FOR SERVICE OF PROCESS

2017 NOV 13 AM 10: 25

SECRETARY OF STATE

	STATE OF IDAHO
To the Secretary of State of the State of	Assoc. # <u>\\\ 300\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>
The current name of the nonprofit as	
2. The new name of the nonprofit assor	iciation is:
3. The address of the nonprofit association o	ation is:  Check box if address is an address change.  AND TO 83 801
4. The name of the current registered a	agent is:
5. The name of the new registered age	ent is:
6. The physical address of the new reg	gistered agent is:
Same	
I consent to serve as registered a	gent for the above-named entity.
By checking this box, the association no longer active.	n is terminating the registered agent because the association is
Signature of a menuber of the nonprofit a	essociation:
Dated.	Secretary of State use only
Mail to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	G'reoroisomeluninc_in_chiq <u>lerin_ra</u> pimd Revised 10/2009
NO FEE REQUIRED	FILE ONE COPY