ACCOCI	ATION	
UNINCORPORATED NONPROFIT ASSOCIA	PACESS	1
UNINCORPORATED NONPROFIT AS APPOINTMENT OF AGENT FOR SERVICE OF P	KOOLOO	
APPOINTMILITY	Assoc. #	
au afidaha'	ASSOC. #_LAZI	11-2
To the Secretary of State of the State of Idaho:	•	Į)
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1. The name of the nonprofit association is: I dalo Falls Volley &	W CO BB	
and a secondarion is:	Year en	·
2. The principal address of the nonprofit association is: 1494 Terry Pr. Idaho Falls, 10 83404 3. The name and street address of the agent authorized to receive service of process. The name and street address of the agent authorized to receive service of process.	ess for the association	n are:
at the standards of the agent authorized to receive service of processing the agent authorized to receive service of processing the service of the	m> I	
3. The name and street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of th	y	
Wall Terry Dr. Idelo fall! 1 days Asi	O B	
The Hildel		
Signature of agent:		
Signature of age	Secretary of State usecus	iy
Dated/3 / 0 8	mi	:
Signature of a manager of the nonprofit association:		
1 Hy Marsh	•	
100000		
Mail to: Idaho Secretary of State		
700 West Jefferson		
PO Box 83720		
Boise ID 83720-0080		NOFEEREQUIRE

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