FILED EFFECTIVE

UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS To the Secretary of State of the State of Idaho: 1. The name of the nonprofit association is: 2. The principal address of the nonprofit association is: 1. The name and street address of the agent authorized to receive service of process for the association are: 1. The name and street address of the agent authorized to receive service of process for the association are: 1. The name and street address of the agent authorized to receive service of process for the association are: 1. The name and street address of the agent authorized to receive service of process for the association are: 1. The name and street address of the agent authorized to receive service of process for the association are: 1. The name of the nonprofit association is: 2. The principal address of the agent authorized to receive service of process for the association are: 1. The name of the nonprofit association is: 1. The name of the nonprofit association is: 1. The name of the nonprofit association is: 2. The principal address of the agent authorized to receive service of process for the association are: 2. The principal address of the agent authorized to receive service of process for the association are: 2. The principal address of the nonprofit association is: 2. The principal address of the nonprofit association is: 2. The principal address of the nonprofit association is: 2. The principal address of the nonprofit association is: 2. The principal address of the nonprofit association is: 2. The principal address of the agent authorized to receive service of process for the association are: 2. The principal address of the agent authorized to receive service of process for the agent authorized to receive service of process for the agent authorized to receive s

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