## 3. The name and street address of the agent authorized to receive service of process for the association are 2. The principal address of the nonprofit association is \_ 1. The name of the nonprofit association is \_\_\_\_\_ Signature of a manager of the nonprofit association: Dated 05-21-04 To the Secretary of State of the State of Idaho: Signature of agent: \_\_\_\_\_ APPOINTMENT OF AGENT FOR SERVICE OF PROCESS and in a UNINCORPORATED NONPROFIT ASSOCIATION 103 Y COR de la 20152 hildrer Secretary of State use only SECRETARY OF STATE STATE OF IDAHO Assoc. # 4 529 30

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