UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

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Assoc. #

Secretary of State Office)

To the Secretar	ry of State of the Sta	te of Idaho:					
1. The name of	of the nonprofit asso	ciation is:				1	_
	al address of the non			ΙIJ	83 <i>109</i>		
	nd street address of pred agent must be located by the second of the sec	ed at a street ad	ldress in Idaho	PO, PMB,	and addresses out	side Idaho are	
	Signature of agent: Dated/2_//2 Signature of a memof the nonprofit ass Dated:/(\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\}}\$\text{\$\text{\$\text{\$\text{\$\te	ober	an Go Pany	gans Outi	a)		
Mail to:			Г		Secretary of State	e use only	

Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080

NO FEE REQUIRED

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