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

FILED EFFECTIVE

2015 OCT -5 AM 9: 4

| To the Country of State of the State of   | lalaha.           |   | SECRETARY OF STAT           |
|---|-------------------|---|-----------------------------|
| To the Secretary of State of the State of |                   | Assoc. # <u>U/5</u> 52  | SECHEJARY OF STATE OF IDAHO |
| The current name of the nonprofit as      |                   |   | ; <del>, , ,</del>          |
| Sportsman's View                          | Water (           | Association   |                             |
| 2. The new name of the nonprofit asso     | ciation is:       |   |                             |
|   |                   |   |                             |
| 3. The address of the nonprofit associa   |                   | Check box if address is a   |                             |
| 36585 E. Hayden                           | · Lake K          | of Hayden, ID   | 83832                       |
| 4. The name of the current registered a   | igent is:         |   |                             |
| Amber Orr                                 |                   | ***   |                             |
| 5. The name of the new registered age     | nt is:            |   |                             |
| James Man                                 | ining             |   |                             |
| 6. The physical address of the new reg    | istered agent is: |   |                             |
| 36585 E. Heye                             | · <del>-</del>    | Rd Hayden =   | 2 8 8 8 8 G                 |
| •   |                   | ,   |                             |
| I consent to serve as registered as       | jent for the abov | e-named entity.   |                             |
| (Signature of new registered agent)       |                   |   | _                           |
| By checking this box, the association     | is terminating th | ne registered agent because   | the association is          |
| no longer active.                         |                   |   |                             |
|   |                   |   |                             |
| Signature of a member of the nonprofit a  | ssociation:       |   |                             |
| 1 hough                                   |                   |   |                             |
| Dated: 9-29-15                            |                   |   |                             |
|   |                   | Secretary of S  | itate use only              |
| Mail to:                                  |                   | E 88  |                             |
| Idaho Secretary of State 450 N 4th Street |                   | 710_ch  |                             |
| PO Box 83720                              |                   | Revised   |                             |
| Boise ID 83720-0080                       |                   | G\tompformsturint= الاستعمارة المتعارفة المتع |                             |
| FEE REQUIRED                              | FILE ONE COPY     | <u>6</u>  |                             |