FILED EFFECTIVE		
		STAL
UNINCORPORATED NONPRO APPOINTMENT OF AGENT FOR SE		
To the Secretary of State of the State of Idaho: 1. The name of the nonprofit association is <u>CHR45TIAN PLOF</u>	Assoc. #_ UB31_	a IATE
 The principal address of the nonprofit association is POST OF CALE The name and street address of the agent authorized to receiv COULT ETHERING TON, C28 EAST M 	PLICE Box 430 10 83616 - 0430 e service of process for the association are	
Signature of agent: $_ \underbrace{COUN}_{COUN} + \underbrace{COUN}_{Etheringfon}$ Dated $_ 10 2 0:2$	Secretary of State use only	
Signature of a manager of the nonprofit association:		

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FILE ONE COPY

NO FEE REQUIRED

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