FILED EFFECTIVE

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UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

| APPOINTMENT OF AGENT OF | Assoc. # <u>U 639</u> |
|---|------------------------------|
| To the Secretary of State of the State of Idaho: | |
| The name of the nonprofit association is*SMOKIN_ON_THE_RIVER The name of the nonprofit association is*SMOKIN_ON_THE_RIVER | |
| 51 - appointion is 1001 MAIN DIV | ALMON IDAHO 83467 |
| The principal address of the nonprofit association is P.O. BOX 741 SA The name and street address of the agent authorized to receive service of profits as a profit association is P.O. BOX 741 SA The name and street address of the agent authorized to receive service of profits as a profit association is P.O. BOX 741 SA The name and street address of the agent authorized to receive service of profits as a profit association is P.O. BOX 741 SA The name and street address of the agent authorized to receive service of profits as a profit as a p | cess for the association are |
| 3. The name and street address of the agent address CLOYD E. BLAND LDAHO 83467 | |
| P.O. BOX 741 SALMON IDAHO 83467 | |

Signature of a manager of the nonprofit association:

Mail to: Idaho Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080

Secretary of State use only

NOFEEREQUIRED

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