FILED EFFECTIVE

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

2018 AUG 10 PM B: 01

TATE 10

			EDIO NO.	0 10
the Secretary of State of the	State of Idaho:	•	SECRET STATE	TARY TE OF
The current name of the no		Assoc. #_U	2/40 	
The current name of the no	•			
EAGLE WEEKENDERS G	ROUP OFF AA			
The new name of the nonp	rofit association is:			
The address of the nonprof	it association is:	Check box if add	dress is an address change	- ∍.
PO BOX 104 STAR ID 83	669 ———————			
The name of the current re	gistered agent is:			
The name of the new regist	rered agent is:			
The physical address of the	e new registered agent is	s:		-
I consent to serve as reg	istered agent for the abo	ove-named entity.		
(Signature of new registers	ed agent)			
By checking this box, the as no longer active.	ssociation is terminating	the registered agent b	ecause the association	n is
no longer active.				
ignature of a member of the n	onprofit association:			
ated: $8-10-18$	nes			
ated: <u>8-70-78</u>		Specie	etary of State use only	
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Mail to:		E 60		
laho Secretary of State 50 N 4th Street		(A)		
O Box 83720		le vised		
oise ID 83720-0080		pVorms'		
E REQUIRED	FILE ONE COPY	G:lear		