## FILED EFFECTIVE

UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS	2017 NOV 29	AM 9: 08
Assoc. #(Assigned by the Secretary of State Office)	SECRETARY ( STATE OF	,
To the Secretary of State of the State of Idaho:		
1. The name of the nonprofit association is: 		
<ol> <li>The principal (street) address of the nonprofit association is:</li> <li><u>P. o. Box 12-34</u> COEUR d'ALENE ID 838/6</li> <li>The mailing address (if different than street address) is:</li> </ol>	·	-
3. The name and street address of the agent authorized to receive service of pro association are: (Registered agent must be located at a street address in Idaho – PO addresses outside Idaho are not acceptable.)           MARK_COMER           Name		_
<u>Address</u> Address Signature of agent: <u>Mak Acome</u>		-
Dated: <u><u><u>1</u></u><u>23</u><u>2017</u> Signature of a member of the nonprofit association: <u><u>1</u><u>23</u><u>2017</u> Dated: <u>11</u><u>23</u><u>2017</u></u></u>	<u>dis</u>	-
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Secretary	ur State use Offiy	
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