CERTIFICATE OF APPOINTMENT OF REGISTERED AGENT

| KNOW ALL MEN BY THESE PRESENTS: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| that Payotte Municipal Dovelopment (vepocation) |
| Comment of the state of the sta |
| an Idaho corporation, pursuant to section 30-1-12, Idaho Code, and by authority of its Board of Directors, does |
| herebyappoint R. L. (Toba) MAS-ugill |
| (Name of Registered Agent) |
| of (street address), ldaho as its |
| Registered Agent in the State of Idaho, upon whom process issued by authority of or under any law of the State of Idaho may be served. |
| IN WITNESS WHEREOF the corporation has caused this certificate to be executed and verified by its |
| President (or Vice-President) on this |
| Pay. N. Municipal Douclopment Gerocation |
| (Name of Corporation) |
| (President or Vice-President) |
| tR-sion+ |
| (Title) |
| STATE OF Look. |
| |
| County of Ash. |
| Subscribed and sworn to before me this |
| IN WITNESS WHEREOF, I have hereunto set my hand and |
| affixed my seal. Jeri J. Kulson |
| Temas Notary Public |
| (Title) |