FILED	EFFECTIVE
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APPOINTMENT OF AGENT FOR SERVICE OF PROCESPILIFEB 20 AM 9:21			
	(Assigned by the percetary of State Office)	SECRETARY OF STATE STATE OF IDAHO	
To the Secret	ary of State of the State of Idaho:		
1. The name of the nonprofit association is: Lancaster's North Idaho Soccer Camp			
2. The principal address of the nonprofit association is: 1309 N. William St. Post Falls, ID 83854			
<ol> <li>The name and street address of the agent authorized to receive service of process for the association are: (Registered agent must be located at a street address in Idaho – PO, PMB, and addresses outside Idaho are not acceptable.)</li> <li>Dustin Lancaster</li> <li>Name</li> <li>1309 N. William St. Post Falls, ID 83854</li> </ol>			
Address	Signature of agent: Dated 2/10/14		
	Signature of a member of the nonprofit association:	<u> </u>	
		Secretary of State use only	
	FILE ONE COPY		