



**UNINCORPORATED NONPROFIT ASSOCIATION
APPOINTMENT OF AGENT FOR SERVICE OF PROCESS**

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For Office Use Only

-FILED-

File #: 0005903329

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Assoc. # _____
(Assigned by the Secretary of State's office)

To the Secretary of State of the State of Idaho:

1. The name of the nonprofit association is:

NORTHWEST EXIT PLANNING ASSOCIATION

2. The principal address of the nonprofit association is:

418 E LAKESIDE STE 6, COEUR D'ALENE ID 83814

3. 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.)

DONALD J GARY JR

Name

1810 E SCHNEIDMILLER AVE STE 240 (PO BOX 746) POST FALLS ID 83854

Address

Signature of agent: _____

Dated: 9/13/24

Signature of a member of the nonprofit association: _____

Dated: 9/13/24

Secretary of State use only

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