UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS CRETARY OF STATE OF IDAHO

| | | | 11140 | -0 |
|----------------------------------|---|---------------------|--|-----------|
| | | Assoc. # | (Assigned by the Secretary of State Off | <u> </u> |
| To the Secretar | of State of the State of Idaho: | | Coulottiny of Classe Life | 146) |
| • | | | | |
| 1. The name o | the попргоfit association is: | • | • | • . |
| Southeast | Idaho Retired Educators Association | | | • |
| 2 The primpinal | malden and the account to the second | | | • |
| | address of the nonprofit association is: Or, Pocatello, ID 83204 | | • | |
| | 71, FOCALEIIO, ID 03204 | | | |
| 3. The name an | d street address of the agent authorized | ka mecalva samira : | of aracace for the on | zacietlan |
| are: | | | n biocess ioi file se | |
| Catherine i | . Wilson. 146 Mesa Dr., Pocatello, ID 832 | 04 | | · |
| | | | | |
| · | | | | |
| | Signature of agent: Catherine of | & Willow | | e" . |
| | Dated 05/13/2009 | | | |
| | Signature of a mowher | , | | • |
| | of the nonprofit association: | in S.W | ilson | • |
| | Dated: 05/13/2009 | | · | |
| | | | • | |
| | | | | |
| Mail to: | | | | |
| Idaho Secretary | of State | Sec | retary of State use only | |
| 450 N 4th Street PO Box 83720 | | | | |
| Boise ID 83720- | 0080 | | | - |
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|) FEE REQUIRED | FILE ONE COPY | <u></u> | | |