## CHANGE OF DESIGNATED AGENT

Know All Men	By These 3	dresents:				
That	G	EO. A. HOR	MEL & CO	MPANY		
a corporation org having heretofore Idaho Code, to at this time on th	dulv and r	egulariy qualifi	ied in accord	ance with th	ne provisions o	f Chapter 5, Title 30, eing in good standing aho, and having here-
tofore designated		Don L. Po	hlman			
of 1312 Brook	klawn Dr	Boise	, Cou	nty of	Ada	, State of Idaho,
as the process age County, State of	ent of said co Idaho, as th	ompany in the s e county in whi	State of Idah ich the princ	o, and havir	ng designated business of sa	Adaid corporation in the
State of Idaho is	conducted, d	loes hereby revo	oke the said :	appointment	of the said	·····
Don L. Pohl	man <sub>and</sub> in 1	nis stead does h	ereby design	ate Der	nnis R. Sw	anson
as the duly author	orized agent	t of said corpor	ration in the	State of Id	laho, upon wh	, State of Idaho, om process issued by ovided by the Consti-
tution and laws of County, State of State of Idaho is	Idaho, as the	e County in wh	oes hereby d ich the princ	esignate ipal place of	Adabusiness of sa	aid corporation in the
IN WITNES	S WHEREC	F, the said	Geo. A.	Hormel &	& Company	••••••
<u> </u>				has cau	sed This Certi	ficate and Acceptance
		by its Presider	i, acknowled it, and to be	ged and deli attested by i	vered in its na ts Secretary, a	me and on its behalf, nd has caused its cor-
المراجع المستعلق		porate seal to	be hereunto	affixed at	Austi	ficate and Acceptance me and on its behalf, nd has caused its cor- in the
		County of	Mower	, a	nd State of	Minnesota
		this 8th	da	y of Ma	ау	, <u>19. 68</u>
			GEO. A	HORMEL	& COMPANY	*
Attest:					Name of	Corporation
1-1	belto	M	By	/////	1/10	whon
		Sec	retary.			President.
STATE OF	MINNES	OTA				
County of	MOWER		SS.			
On this	8th		•	ау	in the ve	ar 19.68, before me
		-				public
				·		
in and for said Co	Junty, m ule	M. B. Tho		appearea	**************************************	
known to me to b	e the Presided to me tha	lent of the Corr at such Corpora	oration that ation execute	d the same.		foregoing instrument,
				-		my hand and affixed
		mynotar	yseal	his8	thday o	fMay
(SEAL)	:	A. D. 1968	. 0	<b>_</b>	)/ >	
			Lie	Dr. K	Jarrison	
			Mov	HARRISON, N er County, Mi	nnesota	**************************************
			My Comm	ission Expires	June 5, 1974	Official Title.

NOTE—One copy to be filed for record in the office of the Secretary of State, Boise, Idaho; one copy duly certified by the Secretary of State to be filed in the office of the County Recorder of the county in which its principal place of business has heretofore been situated; one copy duly certified by the Secretary of State to be filed in the office of the County Recorder of the county to which the principal place of business is changed.

My commission expires on the .....5th .....day of ........June ...., 19..74...