			SECRETAR STATEOR	CF AM B: S7 OF STATE
Signature of a manager of the nonprofit association: X May May Manager of the nonprofit association: Mail to: Itaho Secretary of State 450 N 4th Street PO Bax 83720 Bolse ID 83720-0080	Signature of agent: $\times$ ///////////////////////////////////	<ol> <li>The name of the nonprofit association is: Parhand (e Bass Anglers</li> <li>The principal address of the nonprofit association is: 3506 N. Buckskin Rd. CD'A, ID. 838/4</li> <li>The name and street address of the agent authorized to receive service of process for the association are: 208 ERT.</li> <li>The name and street address of the agent authorized to receive service of process for the association are: 208 ERT.</li> </ol>	UNINCORPORATED NONPROFIT ASSOCIATION         APPOINTMENT OF AGENT FOR SERVICE OF PROCESS         To the Secretary of State of the State of Idaho:	

FILED EFFECTIVE

**FILE ONE COPY** 

NOFEEREQUIRED