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g.\corp\forms\misc forms\unincorporated NP.pm6	Signature of a manager of the nonprofit association:	Signature of agent:	The name of the nonprofit association is 165(). The principal address of the nonprofit association is 163. The name and street address of the agent authorized 163. The name and street address of the agent authorized 163.	UNINCORPOR. AFPOINTMENT OF J To the Secretary of State of the State of Idaho:
FILE ONE COPY	nprofit association:	M. Khiras	The name of the nonprofit association is Rost Falls Base Auth Base. The principal address of the nonprofit association is Rost Falls TO 83854. The name and street address of the agent authorized to receive service of process for the association is Rost Falls. TO 83854.	UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS tate of the State of Idaho: Associate Association Associate Asso
NOFEEREQUIRED		Secretary of State use only	The name of the nonprofit association is $\frac{298}{200}$ Fine principal address of the nonprofit association is $\frac{298}{200}$ Fine principal address of the nonprofit association is $\frac{298}{200}$ Fine principal address of the association is $\frac{298}{200}$ Fig. $\frac{1}{100}$ Fig. 1	DFIT ASSOCIATION ERVICE OF PROCESS Assoc. # 1427