UNINCORPORATED NONF APPOINTMENT OF AGENT FOR	FILED EFFECTIVE PROFIT ASSOCIATION & SERVICE OF PROCESS 10 APR 28 AM 8:
	SECRETARY OF STATE OF IDAHO
	ASSOC. # (Assigned by the Secretary of State Office)
To the Secretary of State of the State of Idaho:	
1. The name of the nonprofit association is:	
Care Where!	
 The principal address of the nonprofit association is: 1475 E. Cedar Street Pocatello, ID 83201 	
1475 E. Cedar Street Pocatello, ID 83201	
3. The name and street address of the agent authorized t are: (Registered agent must be located at a street address in ide acceptable.) Chris Webb	to receive service of process for the association aho PO, PMB, and addresses outside Ideho are not
1475 E. Cedar Street Pocatello, ID 83201	55 · · · · · · · · · · · · · · · · · ·
Signature of agent:	
DatedSignature of a member	
of the nonprofit association: $\frac{1}{20}$ Dated: $\frac{20 - April - 20}{20}$	10
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Mail to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	Secretary of State use only
O FEE REQUIRED FILE ONE COPY	and the second