FILED EFFECTIVE

| UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS | 2013 JUN -6 PM 4: 44 |
|--|-----------------------------|
| SECRETARY OF JIATE 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: IN terns tional Sales Sagena Foundation | |
| 2. The principal address of the nonprofit association is: 309 4th Street Pinehulst ID 83850 | |
| 3. The name and street address of the agent authorized to receive service of process for the association are: (Registered agent must be located at a street address in Idaho PO, PMB, and addresses outside Idaho are not acceptable.) Tames Harrist To San Street till physical to the association are: (Registered agent must be located at a street address in Idaho PO, PMB, and addresses outside Idaho are not acceptable.) Address: | |
| Signature of agent: 1 1- 1400 1 1- 15-11/400 1 | |
| Signature of a member of the nonprofit association: | |
| | Secretary of State use only |

FILE ONE COPY