## FILED EFFECTIVE

UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS 2	ek ite 6 skar kom
Assoc. # U 2087  (Assigned by the Secretary of State Office)  SECRETARY 3: STATE OF II	ALATE DAHO
To the Secretary of State of the State of Idaho:	
1. The name of the nonprofit association is:  Gene Silonis Benefit / Fundrais	er
2. The principal address of the nonprofit association is:  2164 E. 4200 N. Filer, ID 83328	
3. The name and street address of the agent authorized to receive service of procare. (Registered agent must be located at a street address in Idaho PO, PMB, and addresse acceptable.)  Name  Name	cess for the association
2164E 4200 N. Filer ID 83328	
Address Signature of agent:	
Dated	
Dated: 7-13-12	——————————————————————————————————————
Mail to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	f State use only
Fax number: 208-334-2080	
FEE REQUIRED FILE ONE COPY	·