UNINCORPORATED NONPROFIT ASSOCIATION

10 JUN 14 AM 9: 25

ALL CHAIMENT OF AGENT FOR SE	KVICE OF PROCESS	10 30H 14 MH 15
	Assoc. # (Assigned b Secretary of Sta	
To the Secretary of State of the State of Idaho:		
1. The name of the nonprofit association is:	$\tilde{\mathbf{v}}$	
BNT-Stampede		
2. The principal address of the nonprofit association is:		***
8+ N. Taylor Street Nama	רס הם אינו	,
atter street vanta	711 83001	
3. The name and street address of the count outbacks at		
 The name and street address of the agent authorized to rec are: (Registered agent must be located at a street address in Idaho I acceptable) 	eive service of process for the PO. PMB. and addresses outside to	e association
	· · · · · · · · · · · · · · · · · · ·	and are not
St N. Taylor Street Nampa	D 821.87	
kyle Jackson		
91111	· .	
Signature of agent: My 4 foctors		
Dated <u>5-28-10</u>)	
Signature of a member	01	V .
of the nonprofit association:	ull	
Dated: 6 16 10		
The state of the s		
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Mall to: daho Secretary of State	Secretary of State use or	nly
450 N 4th Street		
PO Box 83720 Boise ID 83720-0080		
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