31173-0

## CERTIFICATE OF APPOINTMENT OF REGISTERED AGENT

| U                                                                | r REGISTERED AU                       | GENI NO SIN                                          |                                       |
|------------------------------------------------------------------|---------------------------------------|------------------------------------------------------|---------------------------------------|
|                                                                  | 103 PM 13 A                           | <del>i</del> u su w                                  |                                       |
| KNOW ALL MEN BY THESE PRESEN                                     | TS:                                   |                                                      |                                       |
| That American Ante A.                                            | and him                               |                                                      |                                       |
|                                                                  |                                       |                                                      |                                       |
| an Idaho corporation, pursuant to section                        | 30-1-12, Idaho Code,                  | and by authority of its Boa                          | rd of Directors, does                 |
| hereby appoint Araba ly (street address)                         | of the same                           |                                                      |                                       |
| 24 3 12 1                                                        | (Name of Regi-                        | stered Agent)                                        | ,                                     |
| of My (street address)                                           | <del>-, 4/-z</del> /,                 | <u>J 3 3 4 /</u>                                     | _ , Idaho as its                      |
| Project and Agent in the State of Ideha una                      | - whoio                               | d because a sister of an end and                     |                                       |
| Registered Agent in the State of Idaho, upo Idaho may be served. | n whom process issued                 | a by authority of or under a                         | ny law of the State of                |
| audit may so so to           |                                       |                                                      |                                       |
| IN WITNESS WHEREOF the corpo                                     | oration has caused thi                | is certificate to be executed                        | d and verified by its                 |
| President (or Vice-President) on this                            | 1.71                                  | day of Mark                                          | , 19 <u></u>                          |
|                                                                  | Albertal                              | (Name of Corporation)                                |                                       |
|                                                                  |                                       | (Name of Corporation)                                | ,                                     |
|                                                                  | By 1624 1                             | thochery.                                            | · · · · · · · · · · · · · · · · · · · |
|                                                                  |                                       | (Name of Corporation)  (President or Vice-President) |                                       |
|                                                                  | · · · · · · · · · · · · · · · · · · · | (Title)                                              |                                       |
|                                                                  |                                       | <del></del>                                          |                                       |
| STATE OFIdaho                                                    |                                       |                                                      |                                       |
| STATEOF Idano                                                    | ss.                                   |                                                      |                                       |
| County of Twin Falls                                             | ) 55.                                 |                                                      |                                       |
|                                                                  | - /                                   |                                                      |                                       |
| Subscribed and sworn to before me this                           | 12th                                  | day of <u>March</u>                                  | , 19 <u>80</u>                        |
|                                                                  | IN WITNESS WE                         | HEREOF, I have hereunt                               | a set my hand and                     |
|                                                                  | affixed my seal.                      |                                                      | o set my nand and                     |
|                                                                  | 7                                     | we started                                           |                                       |
|                                                                  |                                       | CONTRACTOR                                           | <del>.</del>                          |
|                                                                  | Notary Public                         | •                                                    |                                       |
| _                                                                | •                                     | (Title)                                              |                                       |
| N                                                                | ly Commission ex                      | pires                                                |                                       |