

SECRETARY OF STATE
STATE OF IDAHO

To the Secretary of State of the State of Idaho:

- 1. The current name of the nonprofit association is:**

2. The new name of the nonprofit association is:

3. The address of the nonprofit association is: ☒ Check box if address is an address change.

4. The name of the current registered agent is:

5. The name of the new registered agent is:

6. The physical address of the new registered agent is:

I consent to serve as registered agent for the above-named entity.

☐ By checking this box, the association is terminating the registered agent because the association is no longer active.

Signature of a member of the nonprofit association:

Dated: 3-4-10

Secretary of State use only

NO FEE REQUIRED

FILE ONE COPY