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UNINCORPORATED NONPROFIT ASSOCIATION APPOINTMENT OF AGENT FOR SERVICE OF PROCESS To the Secretary of State of the State of Idaho: Assoc. # U 437 1. The name of the nonprofit association is __Idaho Partners in Care, a Non Profit Association 2. The principal address of the nonprofit association is 820 Elm Street, St. Maries, Idaho 83867 3. The name and street address of the agent authorized to receive service of process for the association are ____ Jack L. Curtin P.O. Box $\sqrt{380}$. Main St., Juliaetta, Idaho 83535 Signature of agent: Dated Secretary of State use only Signature of a manager of the nonprofit association: