FILED EFFECTIVE SEGME FARY OF STATE STATE OF IDAHO

UNINCORPORATED NONPROFIT ASSOCIATION **CHANGE OR TERMINATION** OF REGISTERED AGENT FOR SERVICE OF PROCESS

To	the Secretary of State of the State of Idaho:	1, 1, 2, -,
1.	The current name of the nonprofit association is: HAILEY Tours M	Assoc. # <u>U4386</u> \$ JOBS
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.	
	(Signature of new registered agent) By checking this box, the association is terminating the no longer active. Instantation of a member of the nonprofit association: $W_{*}W_{*}$ Democratically association: ed: $W_{*}W_{*}$	ne registered agent because the association is
Dat	ed: 8/1/2017	Secretary of State use only
Ida 450 PO Boi	il to: ho Secretary of State 0 N 4th Street Box 83720 se ID 83720-0080 REQUIRED FILE ONE COPY	Gixorpitermswine. rip_ekg_term_ra_pmd Revised 10/2009