FILED EFFECTIVE

UNINCORPORATED NONPROFIT ASSOCIATIONAY 27 PM 2: 18 APPOINTMENT OF AGENT FOR SERVICE OF PROCESS STATE OF UP STATE

STATE OF IDAHO

Assoc. #

(Assigned by the Secretary of State Office)

To the Secretary of State of the State of Idaho:

1. The name of the nonprofit association is:

2. The principal address of the nonprofit association is:

3. The name and street address of the agent authorized to receive service of process for the association are: (Registered agent must be located at a street address in Idaho - PO, PMB, and addresses outside Idaho are not acceptable.)

Signature of agent:

Dated

Signature of a member of the nonprofit association:

Dated: ____

Mail to:

Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 FOX-334-2080

Secretary of State use only

NO FEE REQUIRED

FILE ONE COPY