FILED EFFECTIVE

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

2016 MAY -6 PM 1 44

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To the Secretary of State of the State of Idaho: Assoc. #U 4036 The current name of the nonprofit association is: DRAGONFLYBRARY 2. The new name of the nonprofit association is: Check box if address is an address change 4. The name of the current registered agent is: The name 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 registered agent because the association is	To the Secretary of State of	the State of Ideha	SECRETAF STATE
The address of the nonprofit association is: Check box if address is an address change The name of the current registered agent is: The name of the new registered agent is: The physical address of the new registered agent is: consent to serve as registered agent for the above-named entity.	The current name of the		Assoc. #U 4036
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: Consent to serve as registered agent for the above-named entity.	2. The new name of the no	enprofit association is:	
The name of the new registered agent is: 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)	The address of the non	profit association is:	Check box if address is an address change.
The physical address of the new registered agent is: Consent to serve as registered agent for the above-named entity.	The name of the curren	registered agent is:	
I consent to serve as registered agent for the above-named entity. (Signature of new registered agent)	5. The name of the new re	gistered agent is:	
(Signature of new registered agent)	3. The physical address of	the new registered agent is	
	I consent to serve as	registered agent for the abo	ve-named entity.
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Signature of a member of the nonprofit association:	Dated: 3/6/10		
Dated: 5/6/16			Secretary of State use only ু ু ু ু
Dated: Secretary of State use only	Idaho Secretary of State		2003
Dated: Secretary of State use only Mail to:	450 N 4th Street		1.00 To See
Dated: Secretary of State use only Mail to: Idaho Secretary of State 450 N 4th Street	Boise ID 83720-0080		Rewin
Dated: Secretary of State use only Mail to: Idaho Secretary of State 450 N 4th Street		<u> </u>	G:kaipil
Mail to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080	FEE REQUIRED	FILE ONE CORY	1