UNINCORPORATED NONPRO APPOINTMENT OF AGENT FOR SE	RVICE OF PROCESS	
To the Secretary of State of the State of Idaho:	Assoc. # 1224	<u> </u>
1. The name of the nonprofit association is:	ociation	
2. The principal address of the nonprofit association is:	.11 1:01	
3. The name and street address of the agent authorized to receive to a street address of the agent authorized to receive to the street address of the agent authorized to receive to the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent authorized to receive the street address of the agent address o	service of process for the association are:	
Grangeville, Idaho 83530		- SE
Signature of agent:		- STA
Dated 6-22-2008	Secretary of State use only	ETAR:
Signature of a manager of the nonprofit association:		HY S
Chad Hill		PAS B
Mail to:		芦荟 药
idaho Secretary of State 450 N 4th Street PO Box 63720		M
Boise ID 83720-0080		<u> </u>

FILEONE COPY

NOFEEREQUIRED