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| | ORATED NONP | ROFIT ASSOCIA | TION®ECRETARY OF STA OCESESTATE OF IDAHO |
| | | | |
| | | Assoc. # | 1417 |
| | | | (Assigned by the cretary of State Office) |
| To the Secretary of State of the State | of Idaho [,] | | |
| | | | |
| 1. The name of the nonprofit associa | | | |
| Kuna E | agles | | |
| 2. The minimal address of the news | - Et according in t | | |
| 2. The principal address of the nonprincipal 1272 A) 1272 | | ve. Kune | z. ID 83634 |
| TAD IV, Care | [f111a7 1] | <u>ve</u> Kune | 1 |
| 3. The name and street address of th | e agent authorized to | o receive service of p | rocess for the association |
| are: $\Delta \lambda_{\alpha} \cap \lambda_{\alpha}$ | 1) 7 2 | a) C. Acc. | a'll - A |
| | 83634 | IV. Caper p | nillar Ave. |
| Kuna, IO | 83637 | | |
| | | | |
| Signature of agent: _ | Ullundah | ve | |
| Dated <u>03//3</u> | ୦୍ | <u></u> | |
| Signature of a membe of the nonprofit assoc | | Donahure | |
| Dated: | 109 | | |
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| Mail to: Idaho Secretary of State | | Secreta | ry of State use only |
| 450 N 4th Street PO Box 83720 | | | |
| Boise ID 83720-0080 | | | , , , , , , , , , , , , , , , , , , , |
| | | | |
| NO FEE REQUIRED | FILE ONE COPY | | |
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