

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0004798415

Date Filed: 6/27/2022 1:54:00 PM

- The name of the entity is: Adventure Cycling Association
- The name which it shall use in Idaho is: Adventure Cycling Association, Corp.
(Enter a name here, only if you are required to adopt an alternate name)
- Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input checked="" type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	

- Jurisdiction of formation: Montana
(Provide the domestic jurisdiction where the entity was formed)

- The address of its principal office is:
150 E Pine Street
(Street Address)
Missoula, MT 59802
(Mailing Address, if different)

- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

- The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

- Name and street address of registered agent in Idaho:
Rob Fisher 3663 S. Vintage Way, Boise ID 83706
(Name and Address)

- The name, capacity, and mailing address of at least one governor:
Jennifer O'Dell Executive Director 150 E Pine St Missoula, MT 59802
(Name) (Capacity) (Address)

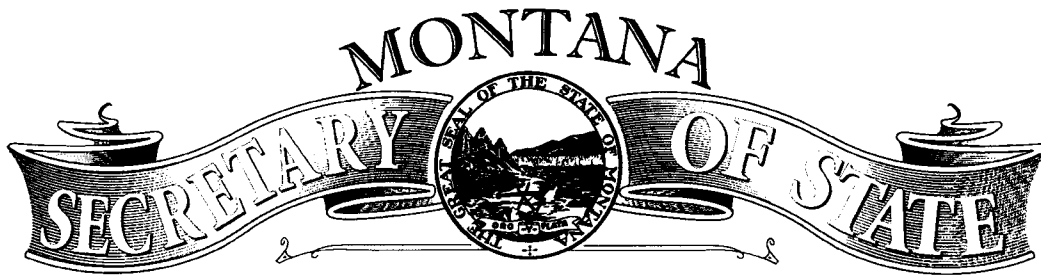
(Name) (Capacity) (Address)

Secretary of State use only

Typed Name: Sheila Snyder

Signature: _____

Capacity: CFO



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

ADVENTURE CYCLING ASSOCIATION

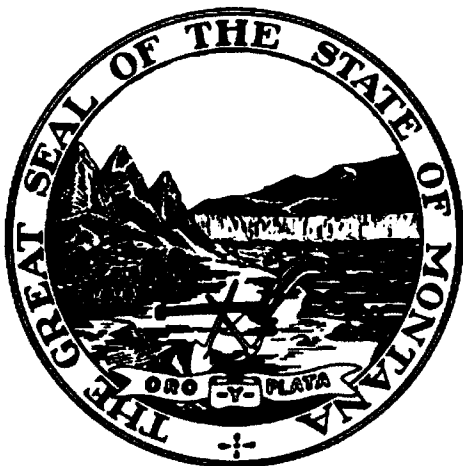
duly filed its **Articles of Incorporation for Domestic Nonprofit Corporation** in this office on **March 28, 1974**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 21st day of June, 2022.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 27614427