## FILED EFFECTIVE

UNINCORPORATED NONPROFIT ASSOCIATION **CHANGE OR TERMINATION** OF REGISTERED AGENT FOR SERVICE OF PROOF NOV 23 AN 844 Assoc. # CRETARY OF STATE To the Secretary of State of the State of Idaho: STATE OF IDAHO 1. The current name of the nonprofit association is: 2. The new name of the nonprofit association is: 3. The address of the nonprofit association is: Check box if address is an address change. LIAG The name of the current registered agent is: 4. 5. The name of the new registered agent is: 6. 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registered egent) By checking this box, the association is terminating the registered agent because the association is no longer active. Signature of a member of the nonprofit association: hink Secretary of State use only Mail to: Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 NO FEE REQUIRED FILE ONE COPY