

**UNINCORPORATED NONPROFIT ASSOCIATION
APPOINTMENT OF AGENT FOR SERVICE OF PROCESS**

Assoc. # _____
*(Assigned by the
Secretary of State Office)*

To the Secretary of State of the State of Idaho:

1. The name of the nonprofit association is:

2. The principal address of the nonprofit association is:

3. The name and street address of the agent authorized to receive service of process for the association are: *(Registered agent must be located at a street address in Idaho -- PO, PMB, and addresses outside Idaho are not acceptable.)*

Signature of agent: _____

Dated _____

Signature of a member
of the nonprofit association: _____

Dated: _____

Mail to:
Idaho Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

Secretary of State use only