

**UNINCORPORATED NONPROFIT ASSOCIATION  
CHANGE OR TERMINATION  
OF REGISTERED AGENT FOR SERVICE OF PROCESS**

To the Secretary of State of the State of Idaho:

Assoc. # \_\_\_\_\_

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.

\_\_\_\_\_

4. The name of the current registered agent is:

\_\_\_\_\_

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 agent)

By checking this box, the association is terminating the registered agent because the association is no longer active.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:

\_\_\_\_\_

Dated: \_\_\_\_\_

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

Secretary of State use only

G:\corp\forms\uninc\_np\_chg\_term\_ra.pmd  
Revised 10/2009

NO FEE REQUIRED

FILE ONE COPY