

**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 (street) address of the nonprofit association is:

The mailing address (if different than street address) 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.)*

Name

Address

Signature of agent: _____

Dated: _____

Signature of a member
of the nonprofit association: _____

Dated: _____

Secretary of State use only

INSTRUCTIONS

Optional: If the document requires a correction, please list a telephone number where we can reach you. _____

- 1. The name of the association.**
- 2. Enter the complete street address of the principal address of the association (not a post office box) and the mailing address if different than the street address.**
- 3. Enter the name and address of the registered agent. A registered agent may be an individual who is a resident of Idaho, or a business entity registered with the Secretary of State's office.**

The document requires 2 signatures. Must be signed by the registered agent and by a member of the association.

There is no fee to file this form.

Mail or deliver to:

Secretary of State
450 N 4th Street
PO Box 83720
Boise ID 83720-0080

The form may also be faxed. Our Commercial Division's direct fax number is (208) 334-2080.

If you have any questions, the telephone number of the Commercial Division is (208) 334-2301