040702

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Articles of Association
Cooperative Association

(PURSUANT TO NRS 81.170 - 81.270)

USE BLACK INK ONLY - DO NOT HIGHLIGHT **ABOVE SPACE IS FOR OFFICE USE ONLY**

1. Name of Association:

2. Registered Agent for Service of Process: (check only one box)

☐ Commercial Registered Agent: _____
Name

☐ Noncommercial Registered Agent (name and address below) ***OR*** ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

3. Term: (may be perpetual)

4. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)

1) Name
Street Address | City | State | Zip Code

2) Name
Street Address | City | State | Zip Code

5. Membership Fee: (must be completed)

The membership fee is $ _____ per member.

Each member signing the articles has paid the fee and their interests and rights are equal.

6. Purpose: (required; continue on additional page if necessary)

The purpose of the association shall be:

7. Names, Addresses and Signatures of Subscribers: (attach additional page if more than two subscribers; must be subscribed by the original associates or members)

Name | X **Subscriber Signature**
Address | City | State | Zip Code

Name | X **Subscriber Signature**
Address | City | State | Zip Code

8. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity | Date

This form must be accompanied by appropriate fees.

Reset