



BARBARA K. CEGAVSKE
 Secretary of State
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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)	<input type="checkbox"/> Commercial Registered Agent: <input type="text"/> <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <input type="text"/> <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> <input type="text"/> Nevada <input type="text"/> <small>Street Address City Zip Code</small> <input type="text"/> Nevada <input type="text"/> <small>Mailing Address (if different from street address) City Zip Code</small>
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) <input type="text"/> <small>Name</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Street Address City State Zip Code</small> 2) <input type="text"/> <small>Name</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Street Address City State Zip Code</small>
5. Membership Fee: (must be completed)	The membership fee is \$ <input type="text"/> 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)	<i>The purpose of the association shall be:</i> <input type="text"/>
7. Names, Addresses and Signatures of Subscribers: (attach additional page if more than two subscribers; must be subscribed by the original associates or members)	<input type="text"/> X <small>Name Subscriber Signature</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Address City State Zip Code</small> <input type="text"/> X <small>Name Subscriber Signature</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Address City State Zip Code</small>
8. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> <input type="text"/> <small>Date</small>

This form must be accompanied by appropriate fees.