



STATEMENT OF CHANGE OF ADDRESS OF REGISTERED OFFICE OR CHANGE OF REGISTERED AGENT OR BOTH

(Per Chapter 30, § 30-2.08, § 30-2.09, § 30-2.54 Law and Order Code of the Kalispel Tribe of Indians)

FILING FEE: \$20.00

- Type, print or fill in with ink.
MAKE SURE TO INCLUDE FILING FEE.
Checks made payable to "Kalispel Tribe of Indians"
Date, sign and send original to:

KALISPEL TRIBE OF INDIANS
ATTN: TRIBAL SECRETARY
P.O. BOX 39
USK, WA 99180

FOR OFFICE USE ONLY

FILED: / /

PERSON TO CONTACT REGARDING THIS FILING: PHONE NUMBER: (Include Area Code)
EMAIL ADDRESS:

NAME OF ENTITY: CORPORATION NUMBER: (If known)
TYPE OF ENTITY: (Check one box)
Non-Profit Corporation Profit Corporation Limited Liability Company
CHANGES TO REGISTERED AGENT INFORMATION: (Check all that pertain)
New Registered Agent Name Registered Office Address Change

NAME AND ADDRESS OF NEW REGISTERED AGENT:
Name (New Agent)
Street Address (Required)
City State Zip
P.O. Box (Optional) State Zip
I consent to serve as Registered Agent for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; and to immediately notify the Kalispel Tribal Secretary if I resign or change the Registered Office Address.
Signature of Agent Printed Name Date

SIGNATURE: (Check one box)
Registered Agent (May sign if only change is to the registered office address)
Corporate Officer or Board of Directors Chairperson LLC Member or Manager
This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.
Signature Printed Name Date

