



PAUL D. PATE
Secretary of State
State of Iowa

Appointment
of Agent
(501B)

Pursuant to the provisions of the *Revised Uniform Unincorporated Nonprofit Association Act*, the association submits the following statement to appoint an agent in Iowa.

1. The name of the association is: _____

2. The street address of the agent of the association is:

Street City State ZIP

3. The name of the agent is: _____

4. Signed, acknowledged and dated by:

Signature of authorized person: _____

Title: _____ Date: _____

Signature of appointed agent: _____

Date: _____

The information you provide will be open for public inspection under *Iowa Code* section 22.11

INSTRUCTIONS

1. There is no filing fee.
2. One copy of the document is to be delivered to the Secretary of State for filing.
3. The required number of documents may be delivered by FAX.

SECRETARY OF STATE
Business Services Division
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Des Moines, Iowa 50319

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