

CHESTER J. CULVER Secretary of State State of Iowa

STATE SENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

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register	ant to lowa law, the undersigned agent in lowa. Please read ation and signing below.	ed submits this S the INSTRUCT	Statement to change the TONS on the back side	business entity of this form b	s registered efore compl	office ar eting ti	nd/or he	70
1. The	NAME of the business entity is	: River Va	alley Trail Rid	ers, Inc.		OI MAR -	SECRETA	四"强 <u></u> .
2. The	street address of the CURREN	Tregistered OFI	FICE is:				OF COM	문
	100 Park Building, 50	O Willow Ave	enue, Council Bluf	fs, Iowa	51503	F	- FC	¥ <u>~</u> .
	street		city		state	4 to	Zip ATE	7.00
3. The	street address of the NEW regi	stered OFFICE	is:				1	ñ
	607 South Main, Hayma	rket Square,		Iowa 51503				
	street		city		state		zip	
4. The	name of the CURRENT registe	red AGENT is:	Michael J. Mu	rphy		NV.		 .
5. The	name of the NEW registered A	GENT is:						
6. If the atta	REGISTERED AGENT has cloth their written consent to this	nanged, the NEV form.	W Registered Agent mus	st sign here, con		IOW	.D	
	•		Signature of NEW Registers	d Agent	- 3	-1-	01	
Comple	ete ONLY if the Registered Age	nt changes.				8:0	+ 7m	21
					 12813 mma	W270	450	awii 19mi
7. If th	e REGISTERED AGENT change indicating that NOTICE of the	ges the street ad change has bee	dress of their business on given to the pushess	entity.	7			
	,		Signature of Registered Age	mt Michael	l J.Murg	hy		
Comple	ete ONLY if the Registered Age	nt changes the s	' /					
•					- Visit			
8. Afte	er any/all change(s) are made, t registered agent will be identic	he <u>street addres</u> al.	ss of the registered office	e and the <u>street</u>	eddress of th	e busin	ess offic	e of
9. Sig	nature by authorized* represent	ative:	"See instruction #9 on back		Date:			
Prir	t Name and Title: Brent	Case		Presid	lent			

Name



CHESTER J. CULVER Secretary of State State of Iowa

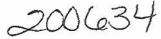
STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

C-4

Pursuant to lowa law, the undersigned submits this Statement to change the business entity's registered office and/or registered agent in lowa. Please read the INSTRUCTIONS on the back side of this form before completing the information and signing below.

	1. The <u>NAME</u> of the business entity is: River Valley Trail Riders, Inc.	0) FF	30.08 SEOKE,
	2. The <u>street address</u> of the CURRENT registered OFFICE is: 500 Willow Avenue, 100 Park Building, Council Bluffs, Iowa	51503 PM	S 40 ABL
	street city	state	zip 🖺
	3. The street address of the NEW registered OFFICE is:	7: 3	31
	607 South Main Street, Council Bluffs, Iowa 51503	state	zip .
	4. The name of the CURRENT registered AGENT is:		·
	5. The name of the NEW registered AGENT is:		
	If the REGISTERED AGENT has changed, the NEW Registered Agent must sign here, consenting attach their written consent to this form. Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes.	ng to their appo	munerit, or
	attach their written consent to this form. Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes.		
	Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes. 7. If the REGISTERED AGENT changes the street address of their business office on this form, there indicating that NOTICE of the change has been given to the business entity. Signature of Registered Agent	FIL ION SECRETARY	ED WA
	Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes. 7. If the REGISTERED AGENT changes the street address of their business office on this form, there indicating that NOTICE of the change has been given to the business entity.	FIL IO\	ED WA
~	Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes. 7. If the REGISTERED AGENT changes the street address of their business office on this form, there indicating that NOTICE of the change has been given to the business entity. Signature of Registered Agent	FIL IO\	ED WA
	Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes. 7. If the REGISTERED AGENT changes the street address of their business office on this form, there indicating that NOTICE of the change has been given to the business entity. Complete ONLY if the Registered Agent changes the street address of their business office. 8. After any/all change(s) are made, the street address of the registered office and the street address of the registered office.	FIL IO\	ED WA OF STATE OO 88945
	Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes. 7. If the REGISTERED AGENT changes the street address of their business office on this form, there indicating that NOTICE of the change has been given to the business entity. Signature of Registered Agent Complete ONLY if the Registered Agent changes the street address of their business office. 8. After any/all change(s) are made, the street address of the registered office and the street add the registered agent will be identical. 9. Signature by authorized* representative:	FIL ION SECRETARY 2-12-37 & w26	ED WA OF STATE OO 88945
~	Signature of NEW Registered Agent Complete ONLY if the Registered Agent changes. 7. If the REGISTERED AGENT changes the street address of their business office on this form, there indicating that NOTICE of the change has been given to the business entity. Complete ONLY if the Registered Agent changes the street address of their business office. 8. After any/all change(s) are made, the street address of the registered office and the street add the registered agent will be identical. 9. Signature by authorized* representative: "See instruction #9 on back	FILL ION SECRETARY 2-12-50 W26	ED WA OF STATE OO 88945







MICHAEL A. MAURO Secretary of State State of Iowa

STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

Pursuant to lowallaw, the undersigned submits this Statement to change the business entity's registered office and/or registered agent in lowa. Read the INSTRUCTIONS on the back of this form before completing the information and signing below.

	River Valley Trail Rid	ore Ino	
The NAME of the business entity is:	Whet Agrey Hall Win	ers, mo.	·
2. The street address of the CURRENT registered	OFFICE as indicated on the Secretary	of State's records is:	
607 South Main Haymarket Square, Council Bluffs	s. IA 51503		
street.	city	state	zip
3. The street address of the NEW registered OFFIC	CE is:		
606 South Main Street, Council Bluffs, IA 51503			
street	diy	state	zíp
4. The name of the CURRENT registered AGENT	as indicated on the Secretary of State's	s records is:	
	Michael J. Murphy		
A and nath socm (i)	GEN7 is registered, indicate which one is being repli	500d)	
5. The name of the NEW registered AGENT is:	Enter the new Ag	ent name here	
 If the REGISTERED AGENT has changed, the I attach their written consent to this form. 	NEW Registered Agent must sign here	, consenting to their a	ppointment, or
	Signature of NEW Registered Agent		
Complete ONLY if the Registered Agent changes.		#5 8445 V	
			FILED
7. If the REGISTERED AGENT changes the streethere indicating that NOTICE of the change has	t address of their business affice on the	0_0	IOWA ETARY OF STAT 3-2007
	When I Recisioned Agent		0:34Am
Complete ONLY if the Registered Agent changes to	he street address of their business offic		`W535185
 After any/all change(s) are made, the <u>street addition</u> the registered agent will be identical. 	dress of the registered office and the si	reet addr	
9. Signature by authorized representative:	hard Z. Rock See Instruction #9 on back	Date:	7-20-07
PRINT Name and Title: Richard L. R	Ponk Vice Fres,	(2/2) 32 Tel	93-3613 Pephone Number