



CHESTER J. CULVER
Secretary of State
State of Iowa

STATEMENT OF CHANGE
OF REGISTERED OFFICE
200634 AND/OR
REGISTERED AGENT

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

1. The NAME of the business entity is: River Valley Trail Riders, Inc.

2. The street address of the CURRENT registered OFFICE is:

100 Park Building, 500 Willow Avenue, Council Bluffs, Iowa 51503

street

city

state

zip

3. The street address of the NEW registered OFFICE is:

607 South Main, Haymarket Square, Council Bluffs, Iowa 51503

street

city

state

zip

4. The name of the CURRENT registered AGENT is: Michael J. Murphy

5. The name of the NEW registered AGENT is: _____

6. If the REGISTERED AGENT has changed, the NEW Registered Agent must sign here, consenting to their appointment, or attach their written consent to this form.

Signature of NEW Registered Agent

Complete ONLY if the Registered Agent changes.

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IOWA
SECRETARY OF STATE

3-1-01
8:47 AM
W270450



7. If the REGISTERED AGENT changes the street address of their business office on this form here indicating that NOTICE of the change has been given to the business entity.

Signature of Registered Agent

Michael J. Murphy

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 business office of the registered agent will be identical.

9. Signature by authorized* representative: _____

Date: _____

*See instruction #9 on back

Print Name and Title: Brent Case

Name

President

Title



CHESTER J. CULVER
Secretary of State
State of Iowa

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

1. The NAME of the business entity is: River Valley Trail Riders, Inc.

2. The street address of the CURRENT registered OFFICE is:

500 Willow Avenue, 100 Park Building, Council Bluffs, Iowa 51503

street

city

state

zip

3. The street address of the NEW registered OFFICE is:

607 South Main Street, Council Bluffs, Iowa 51503

street

city

state

zip

4. The name of the CURRENT registered AGENT is: _____

5. The name of the NEW registered AGENT is: _____

6. If the REGISTERED AGENT has changed, the NEW Registered Agent must sign here, consenting to their appointment, or attach their written consent to this form.

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, here indicating that NOTICE of the change has been given to the business entity.

Michael J. Murphy
Signature of Registered Agent

Complete ONLY if the Registered Agent changes the street address of their business office.

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SECRETARY OF STATE

2-12-2001
1:37 PM
W268945



8. After any/all change(s) are made, the street address of the registered office and the street address of the registered agent will be identical.

9. Signature by authorized* representative: _____

*See instruction #9 on back

Date: 1-6-01

Print Name and Title: Brent Case

Name

President

Title



MICHAEL A. MAURO
 Secretary of State
 State of Iowa

200634
**STATEMENT OF CHANGE
 OF REGISTERED OFFICE
 AND/OR
 REGISTERED AGENT**

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

1. The NAME of the business entity is: River Valley Trail Riders, Inc.

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, IA 51503

street

city

state

zip

3. The street address of the **NEW** registered **OFFICE** is:

606 South Main Street, Council Bluffs, IA 51503

street

city

state

zip

4. The name of the **CURRENT** registered **AGENT** as indicated on the Secretary of State's records is:

Michael J. Murphy

(If more than one AGENT is registered, indicate which one is being replaced.)

5. The name of the **NEW** registered **AGENT** is: Enter the new Agent name here

6. If the **REGISTERED AGENT** has changed, the **NEW** Registered Agent must sign here, consenting to their appointment, or attach their written consent to this form.

 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, then here 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.

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 IOWA

SECRETARY OF STATE

8-3-2007

10:34 AM

W535185



8. After any/all change(s) are made, the street address of the registered office and the street address of the registered agent will be identical.

9. Signature by authorized* representative: Richard L. Ronk Date: 7-30-07

*See instruction #9 on back

PRINT Name and Title: Richard L. Ronk Vice Pres. (212) 323-3613
 Name and Title Telephone Number