



**STATE OF WASHINGTON
SECRETARY OF STATE**

**APPLICATION TO FORM A
PROFIT CORPORATION**

(Per Chapter 23B.02 RCW)

FEE: \$175

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

IMPORTANT! Person to contact about this filing	Daytime Phone Number (with area code)
---	---------------------------------------

ARTICLES OF INCORPORATION

NAME OF CORPORATION <i>(Must contain the word "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")</i>	
NUMBER OF SHARES <i>(Minimum of one (1) share must be listed)</i> THE CORPORATION IS AUTHORIZED TO ISSUE	CLASS OF <i>(If "preferred" class is checked, please attach description)</i> SHARES <input type="checkbox"/> Common <input type="checkbox"/> Preferred
EFFECTIVE DATE OF INCORPORATION <i>(Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)</i> <input type="checkbox"/> Specific Date: _____ <input type="checkbox"/> Upon filing by the Secretary of State	

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE CORPORATION ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT		
Name _____		
Street Address <i>(Required)</i> _____ City _____ State _____ ZIP _____		
PO Box <i>(Optional - Must be in same city as street address)</i> _____ ZIP <i>(If different than street ZIP)</i> _____		
<i>I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.</i>		
Signature of Agent _____	Printed Name _____	Date _____

NAMES AND ADDRESSES OF EACH INCORPORATOR <i>(If necessary, attach additional names and addresses)</i>		
Name _____		
Address _____ City _____ State _____ ZIP _____		
Name _____		
Address _____ City _____ State _____ ZIP _____		
Name _____		
Address _____ City _____ State _____ ZIP _____		

SIGNATURE OF INCORPORATOR			
<i>This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.</i>			
Signature of Incorporator _____	Printed Name _____	Title _____	Date _____

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY