



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

Form with fields: FILED: / / UBI: CORPORATION NUMBER:

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

ARTICLES OF INCORPORATION

NAME OF CORPORATION (Must contain the word "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")
NUMBER OF SHARES (Minimum of one (1) share must be listed) CLASS OF SHARES (If "preferred" class is checked, please attach description)
EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 90 days AFTER receipt of the document 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 (Required) City State ZIP
PO Box (Optional - Must be in same city as street address) ZIP (If different than street ZIP)
I consent to serve as Registered Agent in the State of Washington for the above named corporation.
Signature of Agent Printed Name Date

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

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

FOR OFFICE USE ONLY