



**STATE OF WASHINGTON
SECRETARY OF STATE**

Ralph Munro, Secretary of State

**APPLICATION TO FORM A
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

FEE: \$30

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

- Please PRINT or TYPE in black ink
- Sign, date and return original and one copy to:

CORPORATIONS DIVISION
505 E. UNION • PO BOX 40234
OLYMPIA, WA 98504-0234

- Be sure to include filing fee. Checks should be made payable to "Secretary of State"

FOR OFFICE USE ONLY
FILED
FILED: JUN 11 1999 UBI: 6001 961 906
CORPORATION NUMBER: 2891 7136

IMPORTANT! Person to contact about this filing
Miguel Llanos
SECRETARY OF STATE
STATE OF WASHINGTON
Phone Number (with area code)
(425) 936-1851 (Mornings-1pm)

ARTICLES OF INCORPORATION

NAME OF CORPORATION (May contain designations such as "Association" "Services" or "Committee." May not contain a corporate designation such as "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")
Redmond Historical Society

EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 30 days after receipt of the document by the Secretary of State)
 Specific Date: 5/29/99 Upon filing by the Secretary of State

TERM OF EXISTENCE (Check one box only)
 Perpetual _____ Years (Please indicate number of years)

PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (If necessary, attach additional information)
Preserving history of city of Redmond

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)
~~Majority interest~~ 50% charity with similar purpose

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name: Miguel Llanos
Street Address (Required): 10601 184th Avenue City: Redmond State: WA ZIP: 98052
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. 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.

Signature of Agent: *M Llanos* Printed Name: Miguel Llanos Date: 6/08/99

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)

Name: see attached
Address: _____ City: _____ State: _____ ZIP: _____

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses and signatures of each additional incorporator)

Name: Miguel Llanos
Address: 10601 184th Ave NE City: Redmond State: WA ZIP: 98052

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: *M Llanos* Printed Name: Miguel Llanos Title: Treasurer Date: 6/8/99

CORPORATIONS INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

FOR OFFICE USE ONLY

Val: 06/11/1999 - 255608
\$30.00 on 06/11/1999
Check - 06/08/1999 - 33224

**Redmond Historical Society
Board of Directors**

Naomi Hardy (President)
17016 NE129th Ct
Redmond WA 98052

Miguel Llanos (Treasurer)
10601 184th Ave NE
Redmond WA 98052