

08/08/2005 675159
\$30.00 Check #7041
Tracking ID: 953609
Doc No: 675159-001



**STATE OF WASHINGTON
SECRETARY OF STATE**

FILED
SECRETARY OF STATE
SAM REED

**APPLICATION TO FORM A
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

FEE: \$30

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY AUGUST 8, 2005

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

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

STATE OF WASHINGTON USE ONLY

FILED: / / UBI: **602 533 988**

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

CORPORATION NUMBER:

IMPORTANT! Person to contact about this filing

Laura H. Severson

Daytime Phone Number (with area code)

(253) 709-0109

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.")

Mount Dallas Association

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: _____ 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)

Civic improvement, Road Maintenance, and Neighborhood beautification

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)

Remaining funds will be divided equally among members with one share per property

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name **Laura H. Severson**

Street Address (Required) **1103 Kiya Way** City **Friday Harbor** State **WA** ZIP **98250**

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.

Laura H. Severson **Laura H. Severson** **8-4-05**
Signature of Agent Printed Name Date

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

Name **See attached list**

Address _____ City _____ State _____ ZIP _____

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

Name **Laura H. Severson**

Address **1103 Kiya Way** City **Friday Harbor** State **WA** ZIP **98250**

SIGNATURE OF INCORPORATOR

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Laura H. Severson **Laura H. Severson** **Secretary** **8-4-05**
Signature of Incorporator Printed Name Title Date

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

Mt. Dallis Association Officers

President:

Robert Jauscher

P.O. Box 2585

Friday Harbor, WA 98250

Secretary:

Saura Severson

P.O. Box 13530

Des Moines, WA 98198

Treasurer:

Mary Guard

P.O. Box 1395

Friday Harbor, WA 98250