

STATE of WASHINGTON



SECRETARY of STATE

I, *SAM REED*, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF INCORPORATION

to

ADIRONDACK VILLAGE OWNERS' ASSOCIATION

A Washington Non-Profit Corporation. Articles of Incorporation were filed for record in this office on the date indicated below

UBI Number: 602 249 892

Date: November 18, 2002



*Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital*

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State



STATE OF WASHINGTON
SECRETARY OF STATE

325-1761.0
2002

**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 to:

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

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

FILED
SECRETARY OF STATE
FOR OFFICE USE ONLY

NOV 18 2002

UBI: 602 249 892

CORPORATION NUMBER:
STATE OF WASHINGTON

IMPORTANT! Person to contact about this filing

MARY DUNCAN

Daytime Phone Number (with area code)

509-252-7507 Ext 101

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.")

ADIRONDACK VILLAGE OWNERS' ASSOCIATION

EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 30 days after receipt of the document by the Secretary of State)

INCORPORATION 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)

HOMEOWNERS ASSOCIATION

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

AMONG HOMEOWNERS

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name MARY DUNCAN

Street Address (Required) 1421 N MEADOWWOOD LANE City LIBERTY LAKE State WA ZIP 99019
SUITE 200

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 Mary Duncan Printed Name MARY DUNCAN Date 11-14-02

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

Name JAMES FRANK JASON WHEATON MARY DUNCAN

Address 1421 N MEADOWWOOD LANE #200 City LIBERTY LAKE State WA ZIP 99019

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

Name MARY DUNCAN

Address 1421 N MEADOWWOOD LANE, #200 City LIBERTY LAKE State WA ZIP 99019

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 Mary Duncan Printed Name MARY DUNCAN Title Incorporator Date 11-14-02

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Validation
Val: 11/18/2002 - 198780
\$30.00 on 11/18/2002
Check - 11/14/2002 - 1208