

OFFICE OF THE SECRETARY OF STATE



**NOT FOR PROFIT  
CERTIFICATE OF INCORPORATION**

*WHEREAS, the Not For Profit Certificate of Incorporation of*

**BROKEN ARROW CATHOLIC RADIO, INC**

*has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.*

*NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.*

*IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.*



*Filed in the city of Oklahoma City this  
15th day of November, 2013.*

A handwritten signature in cursive script, reading "Chris Benze", is written over a horizontal line.

*Secretary of State*

**CERTIFICATE OF INCORPORATION  
DOMESTIC NOT FOR PROFIT CORPORATION**

Document Number: 23148730002 Submit Date: 11/15/2013

**CORPORATION NAME**

The name of the corporation is:  
BROKEN ARROW CATHOLIC RADIO, INC

**PURPOSE**

To educate the local community about the teachings of the Catholic Church and to engage in any lawful act or activity for which corporations may be organized under the general corporation law of Oklahoma.

This corporation does not have authority to issue capital stock.

This corporation is not for profit, and as such the corporation does not afford pecuniary gain, incidentally or otherwise, to its members.

**EFFECTIVE DATE**

**Effective Date:**  
Same as filing date.

**DURATION**

Perpetual

**REGISTERED AGENT AND REGISTERED OFFICE ADDRESS**

**Agent Name**  
DAVID PHILLIP NILES  
**Address**  
2014 S. CYPRESS AVE.  
BROKEN ARROW, OK 74012 USA

**INCORPORATOR INFORMATION**

<b>Name</b> DAVID PHILLIP NILES <b>Address</b> 2014 S. CYPRESS AVE. BROKEN ARROW, OK 74012 USA	<b>Title</b> Incorporator
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<b>Name</b> TIMOTHY ADAM MINIHAN <b>Address</b> 804 S. POPLAR AVE. BROKEN ARROW, OK 74012 USA	<b>Title</b> Incorporator
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<b>Name</b> DAVID WESLEY NILES <b>Address</b> 12617 E. 127TH ST. BROKEN ARROW, OK 74011 USA	<b>Title</b> Incorporator
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**DIRECTOR INFORMATION**

<b>Name</b>	<b>Title</b>
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DAVID PHILLIP NILES

Director

**Address**

2014 S. CYPRESS AVE.

BROKEN ARROW, OK 74012 USA

The Number of Directors to be Elected at the First Meeting: 1

**ATTACHMENTS**

**File Label**

**File Name and Path**

**SIGNATURE**

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and by attaching the signature I agree and understand that the typed electronic signature shall have the same legal effect as an original signature and is being accepted as my original signature pursuant to the Oklahoma Uniform Electronic Transactions Act, Title 12A Okla. Statutes Section 15-101, et seq.

Dated - 11/15/2013

**Corporation Name**

**Signature Name**

**Title**

DAVID PHILLIP NILES

TIMOTHY ADAM MINIHAN

DAVID WESLEY NILES

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