



# STATE OF WASHINGTON SECRETARY OF STATE

Ralph Munro, Secretary of State

- 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"

## 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

FOR OFFICE USE ONLY

FILED: AUG 10 1999	UBI: 601 973 648
CORPORATION NUMBER: 2897 5761	
SECRETARY OF STATE	

Check - 08/10/1999 - 13979  
 VAL: 08/10/1999 - 13979  
 08/10/1999 - 13979  
 08/10/1999 - 13979  
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IMPORTANT! Person to contact about this filing <b>WILLIAM MOROSOFF</b>	Daytime Phone Number (with area code) <b>206-463-5275</b>
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### 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.") <b>VOICE OF VASHON</b>
EFFECTIVE DATE OF INCORPORATION	(Specified effective date may be up to 30 days after receipt of the document by the Secretary of State) <input checked="" type="checkbox"/> Specific Date: <b>AUGUST 14, 1999</b> <input type="checkbox"/> Upon filing by the Secretary of State
TERM OF EXISTENCE	(Check one box only) <input checked="" type="checkbox"/> Perpetual <input type="checkbox"/> _____ Years (Please indicate number of years)
PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (If necessary, attach additional information) <b>OPERATE LOW POWER FM RADIO STATION</b>	
IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information) <b>ALL TO WILLIAM MOROSOFF</b>	

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT		
Name	<b>WILLIAM MOROSOFF</b>	
Street Address (Required)	<b>17011 VASHON HWY S.W.</b>	City <b>VASHON</b> State <b>WA</b> ZIP <b>98070</b>
PO Box (Optional - Must be in same city as street address)	<b>913</b>	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	Printed Name	Date
	<b>WILLIAM MOROSOFF</b>	<b>AUGUST 6, 1999</b>

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)		
Name	<b>WILLIAM MOROSOFF</b>	
Address	<b>P.O. BOX 913 (17011 VASHON HWY SW)</b>	City <b>VASHON</b> State <b>WA</b> ZIP <b>98070</b>

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses and signatures of each additional incorporator)		
Name	<b>WILLIAM MOROSOFF</b>	
Address	<b>P.O. BOX 913 (17011 VASHON HWY S.W.)</b>	City <b>VASHON</b> State <b>WA</b> ZIP <b>98070</b>

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
	<b>WILLIAM MOROSOFF</b>	<b>PRESIDENT</b>	<b>AUGUST 6, 1999</b>

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