



# 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:  
SECRETARY OF STATE

**2897 5761**

IMPORTANT! Person to contact about this filing

**WILLIAM MOROSOFF**

Daytime Phone Number (with area code)

**206-463-5275**

### 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.")

**VOICE OF VASHON**

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: **AUGUST 14, 1999** ☐ 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)

**OPERATE LOW POWER FM RADIO STATION**

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

**ALL TO WILLIAM MOROSOFF**

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name **WILLIAM MOROSOFF**

Street Address (Required) **17011 VASHON HWY S.W.** City **VASHON** State **WA** ZIP **98070**

PO Box (Optional - Must be in same city as street address) **913** 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 **William Morosoff**

Printed Name **WILLIAM MOROSOFF**

Date **AUGUST 6, 1999**

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

Name **WILLIAM MOROSOFF**

Address **P.O. BOX 913 (17011 VASHON HWY SW)** City **VASHON** State **WA** ZIP **98070**

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

Name **WILLIAM MOROSOFF**

Address **P.O. BOX 913 (17011 VASHON HWY S.W.)** City **VASHON** State **WA** ZIP **98070**

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 **William Morosoff**

Printed Name **WILLIAM MOROSOFF**

Title **PRESIDENT**

Date **AUGUST 6, 1999**

Check - 08/10/1999 - 13979  
Val: 08/10/1999 - 13979  
08/10/1999 - 13979

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