



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

Select one filing fee option

☒ Filing Fee \$80 - Default

☒ Filing Fee \$40 - Certification required (section 3)

To Expedite Filing, Add \$50

Yes please

## ARTICLES OF INCORPORATION

### Washington Nonprofit Corporation

RCW 24.03A

All fields REQUIRED unless otherwise specified

(1) Do you already have a UBI No.? (Check one) ☐ Yes ☒ No If Yes, provide UBI No.: \_\_\_\_\_

If No, a new UBI No. will be issued to you upon successful completion of the filing.

(2) BUSINESS NAME: SNOHOMISH VALLEY BROADCASTING

For name requirements review the following RCW(s): RCW 23.95.305

Does the business have a name reserved? (Check one) ☐ Yes ☒ No If Yes, provide the Reservation Number

Reservation No.: \_\_\_\_\_

(3) GROSS REVENUE CERTIFICATION:

Per RCW 24.03A.960 does the Nonprofit certify that its total gross revenue in the most recent fiscal year was less than \$500,000? (Check one) ☒ YES ☐ NO (If Yes, the filing fee is reduced to \$40)

(4) CHARITABLE NONPROFIT CORPORATION:

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? (Check one) ☐ YES ☒ NO

(5) MEMBERS: RCW 24.03A.010(45)

Does the Nonprofit Corporation have members? (Check one) ☐ YES ☒ NO

(6) MEMBER NAME(S): (optional) attach additional pages if necessary. If names are provided section (5) will be considered as "yes"

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

(7) PURPOSE OF CORPORATION: Purpose for which the nonprofit corporation is organized

*The purpose of the corporation is to own and operate a radio broadcasting station dedicated to education, community, religious oriented programming, and music. The corporation's purpose also is to carry out any lawful purpose for which nonprofit corporations may be incorporated under the Washington Nonprofit Corporations Act.*

(8) ANY OTHER PROVISIONS: IRS tax exempt language, attach additional pages if necessary

**(9) REGISTERED AGENT:**

**COMMERCIAL REGISTERED AGENT: RCW 23.95.420**

A Commercial Registered Agent is a business or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a business. The Commercial Registered Agent's address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) ☐ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

**The Commercial Registered Agent must sign the consent to serve below.**

If No, continue below

**NON-COMMERCIAL REGISTERED AGENT**

A Non-Commercial Registered Agent is an individual, business, or an office or position that is not registered as a Commercial Registered Agent.

- If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- If a **business** is serving as the Registered Agent, only provide the name of the business below.
- If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: JOHN T. KARTAK

Phone: <u>425-238-7879</u>	Email: <u>JohnTKartak@gmail.com</u>
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB)	<b>Registered Agent Mailing Address (optional)</b> <input checked="" type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address: <u>714 Fourth Street, APT. A</u>	Address: _____
Zip: <u>98290</u> City: <u>Shohomish</u>	Zip: _____ City: _____

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

<u>John T. Kartak</u>	<u>John T. Kartak / President</u>	<u>March 11, 2022</u>
<b>Signature of Registered Agent</b>	<b>Printed Name/Title</b>	<b>Date</b>

**(10) PERIOD OF DURATION:** Check ONE of the following

☒ This Corporation shall have a perpetual duration (default) ☐ This Corporation shall have a duration of \_\_\_\_\_ years.

☐ This Corporation shall expire on \_\_\_\_\_

**(11) EFFECTIVE DATE:** Check ONE of the following:

☒ Date of filing ☐ Specify a date \_\_\_\_\_ (cannot be more than 90 days following received date)

**(12) INITIAL BOARD OF DIRECTORS:** Name and address of each initial director is required attach additional pages if necessary.

Name: JOHN T. KARTAK Address: 714 Fourth Street, Apt. A see Attached

City: Snohomish State: WA Zip: 98290

Name: ASHTON HOBELMAN Address: 3413 Federal Avenue

City: Everett, State: WA Zip: 98204

**(13) DISTRIBUTION OF ASSETS:**

In the event of voluntary dissolution, the net assets will be distributed as follows:

The assets shall be distributed in the following priority order: (1) All liabilities and obligations of the corporation shall be paid, satisfied and discharged, or adequate provision shall be made therefor; (2) Assets held by the corporation upon condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution, shall be returned, transferred, or conveyed in accordance with such requirements; (3) Remaining assets shall be donated to a similar Washington State nonprofit in good standing.

**(14) RETURN ADDRESS FOR THIS FILING:** (optional)

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(15) INCORPORATOR INFORMATION:**

Name, address, and signature required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: JOHN T. KARTAK

Address: 714 Fourth Street

City: Snohomish State: WA Zip: 98290 Country: USA

John T. Kartak John T. Kartak / President March 11, 2022

Signature of Incorporator

Printed Name/Title

Date

(12) ADDITIONAL INITIAL BOARD OF DIRECTORS: Name and address of each initial director is required. This is a necessary additional page as prescribed on the Articles of Incorporation form.

Name: ALEXANDRIA HOBELMAN Address: 3413 Federal Avenue

City: Everett, State: WA Zip: 98201

Name: ADAM KARTAK Address: 15631 Ash Way, Apt. B-404

City: Lynnwood State: WA Zip: 98087

Name: GABRIEL KARTAK Address: 714 Fourth Street

City: Snohomish State: WA Zip: 98290

Name: LARRY COUNTRYMAN Address: 614 Maple Avenue

City: Snohomish State: WA Zip: 98290

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_