

ARTICLES OF INCORPORATION

UBI NUMBER

UBI Number:
604 633 027

BUSINESS NAME

Business Name
SPOKANE WORD

PURPOSE OF CORPORATION

SPOKANE WORD IS DEDICATED TO MAKING LOCAL NEWS AND POLICY ACCESSIBLE TO THE SPOKANE COMMUNITY. WE PRODUCE SIMPLE, ACCESSIBLE, AND RELIABLE CONTENT TO ALL OF SPOKANE THROUGH A MULTI LANGUAGE PLATFORM. BY INCLUDING A WIDE VARIETY OF PERSPECTIVES, WE ARE COMMITTED TO BEING A NEUTRAL SOURCE OF INFORMATION FOR OUR COMMUNITY.

PURPOSE OF CORPORATION - STAFF CONSOLE CONFIRMATION

Customer provided purpose of corporation? - **Yes**

ANY OTHER PROVISIONS

Required by IRS for Tax Exempt Status <https://www.irs.gov/>:

REGISTERED AGENT

Registered Agent Name	Street Address	Mailing Address
KATHRYN GARRAS	19 E QUEEN AVE, SPOKANE, WA, 99207-1418, UNITED STATES	19 E QUEEN AVE, SPOKANE, WA, 99207-1418, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - **Yes**

DURATION

Duration:
PERPETUAL

EFFECTIVE DATE

Effective Date:

07/07/2020

INITIAL BOARD OF DIRECTOR

Title	Initial Board of Director Type	Entity Name	First Name	Last Name	Address
INITIAL BOARD OF DIRECTORS	INDIVIDUAL		KATHRYN	GARRAS	19 E QUEEN AVE, SPOKANE, WA, 99207-1418, UNITED STATES

INCORPORATOR

Title	Incorporator Type	Entity Name	First Name	Last Name	Address
INCORPORATOR	INDIVIDUAL	LUC	JASMIN III		19 E QUEEN AVE, SPOKANE, WA, 99207-1418, UNITED STATES
INCORPORATOR	INDIVIDUAL	KATHRYN	GARRAS		19 E QUEEN AVE, SPOKANE, WA, 99207-1418, UNITED STATES

DISTRIBUTION OF ASSETS

IN CASE OF DISSOLUTION OF THIS ORGANIZATION, ANY ASSETS WOULD BE DONATED TO NORTHEAST YOUTH AND FAMILY SERVICES AT 19 E. QUEEN AVE.

DISTRIBUTION OF ASSETS PROVIDED

Customer provided information on distribution of assets? - **Yes**

RETURN ADDRESS FOR THIS FILING

Attention:

KATHRYN GARRAS

Email:

KGARRAS.WCCA@GMAIL.COM

Address:

19 E QUEEN AVE, SPOKANE, WA, 99207-1418, UNITED STATES

UPLOAD ADDITIONAL DOCUMENTS

Name	Document Type
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No Value Found.

UPLOADED DOCUMENTS

Document Type	Source	Created By	Created Date
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No Value Found.

EMAIL OPT-IN

☒ I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

☒ Document is signed.

Person Type:

INDIVIDUAL

First Name:

KATHRYN

Last Name:

GARRAS

Title: