STATE of WASHINGTON

SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF INCORPORATION

to

VALLEY LIFE BROADCASTING

A Washington Non-Profit Corporation. Articles of Incorporation were filed for record in this office on the date indicated below

UBI Number: 602 151 731   Date: September 13, 2001

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

257-1104. 0
2001

STATE OF WASHINGTON
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

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

FILED
STATE OF WASHINGTON
SEP 13 2001
SECRETARY OF STATE

IMPORTANT! Person to contact about this filing
JAMES M CAMPBELL

Daytime Phone Number (with area code)
360 262-0885

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.")

VALLEY LIFE BROADCASTING

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: _____   ☑ 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)
TO BROADCAST EDUCATIONAL RADIO PROGRAMS

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)
TO THE ONALASKA SEVENTH-DAY ADVENTIST CHURCH

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name JEFFREY R LITTLE

Street Address (Required) 403 STOWELL ROAD City SALKUM State WA ZIP 98582

PO Box (Optional – Must be in same city as street address) PO Box 269 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 JEFFREY R LITTLE   Date 9-11-2001

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

Name SEE ATTACHED LIST

Address _____ City _____ State _____ ZIP _____

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

Name JAMES M. CAMPBELL

Address 130 GRANITE LANE City CHEHALIS State WA ZIP 98532

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 JAMES M CAMPBELL   Title PASTOR   Date 09.11.2001

CORPORATIONS INFORMATION AND ASSISTANCE – 360/753-7115 (TDD – 360/753-1485)

005-004 (9/00)

VALLEY LIFE BROADCASTING

Names and Addresses of Initial Board of Directors:

Jeffrey R Little
P O Box 269
Salkum, WA 98582

James L Smith
267 Dluhosh Road
Onalaska, WA 98570

Ruth J Smith
267 Dluhosh Road
Onalaska, WA 98570

Mary A Neyman
P O Box 742
Napavine, WA 98565

Gary Otterness
3742 Centralia Alpha Road
Onalaska, WA 98570