



APP

UNITED STATES OF AMERICA

The 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

THE WAY TO SALVATION COMMUNITY CHURCH.

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

UBI Number: 602 285 315

Date: April 07, 2003



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

Sam Reed
Secretary of State



**STATE OF WASHINGTON
SECRETARY OF STATE**

098-1091.0
2003

**APPLICATION TO FORM A
NONPROFIT CORPORATION**

(Per Chapter 24.03 RCW)

FEE: \$30

- 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

**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: 04.07.03 UBI: 602385315
CORPORATION NUMBER:

IMPORTANT! Person to contact about this filing

Simon G Stepanyuk

Daytime Phone Number (with area code)

360 835-2047 or 607-4612

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.")
<u>The way to Salvation community church</u>	
EFFECTIVE DATE OF INCORPORATION	(Specified effective date may be up to 30 days after receipt of the document by the Secretary of State)
<input type="checkbox"/> Specific Date: <u>04.07.03</u> <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)	
<u>To worship God, have Church.</u>	
IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)	
<u>To be determined by the board of directors at such time</u>	

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name Simon G Stepanyuk

Street Address (Required) 2854 SE 2nd AVE City Camas State WA ZIP 98607

PO Box (Optional - Must be in same city as street address) _____ 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 [Signature] Printed Name Simon G Stepanyuk Date 04.07.03

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

Name Nikolay G Stepanyuk
Address 9815 NE 69th ST City Vancouver State WA ZIP 98662

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

Name Simon G Stepanyuk
Address 2854 SE 2nd Ave City Camas State WA ZIP 98607

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 [Signature] Printed Name Simon G Stepanyuk Title Pastor Date 04.07.03

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Validation
Val: 04/07/2003 - 259416
\$80.00 on 04/07/2003
Check - 04/07/2003 - 1087
FOR OFFICE USE ONLY