



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

Sam Reed Secretary of State

098-1091.0
2003



**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
APR 07 2003
STATE OF WASHINGTON

FOR OFFICE USE ONLY

FILED: 04107103 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.")
The way to Salvation community church

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: 04.07.03 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 worship God, have Church.

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)
To be determined by the board of directors at such time

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

FOR OFFICE USE ONLY

Validation
Val: 04/07/2003 - 259416
\$50.00 on 04/07/2003
Check - 04/07/2003 - 1097