

01/09/2006 763169
\$30.00 Check #1105
Tracking ID:
1032678
Doc No: 763169-001

DATE	DESCRIPTION	AMOUNT
01/09/2006	Check #1105	\$30.00



**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"

FOR OFFICE USE ONLY

FILED: 11512006 UBI: 602589844
CORPORATION NUMBER:

IMPORTANT! Person to contact about this filing
LAURA PLAUT
Daytime Phone Number (with area code)
360-758-4182

FILED
SECRETARY OF STATE
SAM REED
01-09-2006
STATE OF WASHINGTON

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.")
Common Threads Farm

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)
Education

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)
To a local educational non-profit whose mission most closely matches our own

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT
Name LAURA PLAUT
Street Address (Required) 2576 Island view Lane City Lummi Island State WA ZIP 98262
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 LAURA PLAUT Date 1/5/06

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)
Name Colleen McCrocy 4080 Sunny Hill Lane Lummi Island, WA 98262
Arlie Dixon 1195 Scenic Avenue Lummi Island, WA 98262
Address _____ City _____ State _____ ZIP _____

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses and signatures of each additional incorporator)
Name LAURA PLAUT
Address 2576 Island view Lane City Lummi Island State WA ZIP 98262

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 LAURA PLAUT Title Director Date 1/5/06

FOR OFFICE USE ONLY