



SOS

Office of the Secretary of State Corporations & Charities Division

Washington Nonprofit Corporation

See attached detailed instructions

☒ Filing Fee \$30.00

☐ Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

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\$30.00 K

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FILED
SECRETARY OF STATE
FEBRUARY 8, 2015
STATE OF WASHINGTON

UBI Number:

603 475 787

ARTICLES OF INCORPORATION

Chapter 24.03 RCW

ARTICLE 1

NAME OF CORPORATION:

Washington State Association of County Treasurers

(MAY NOT contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership. If one of the prohibited designations is used, it will be removed when processed.)

ARTICLE 2

EFFECTIVE DATE OF INCORPORATION (please check one of the following):

- ☒ Upon filing by the Secretary of State
- ☐ Specific Date: _____ (Specified effective date must be within 30 days AFTER the Articles of Incorporation have been filed by the Office of the Secretary of State.)

ARTICLE 3

TENURE (please check one of the following and indicate the date if applicable):

- ☒ Perpetual existence
- ☐ Specific term of existence _____ (Number of years or date of termination)

ARTICLE 4

PURPOSE FOR WHICH THE NONPROFIT IS ORGANIZED: (if necessary, attach additional information)

Provide a forum to educate, advocate, mentor and support County Treasurers

ARTICLE 5

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS

FOLLOWS: (if necessary, attach additional information) Distributed to WACO (Washington State Association of County Officials) or successor organization affiliated with that organization.

ARTICLE 6

NAME AND ADDRESS OF EACH INITIAL DIRECTOR: *(If necessary, attach additional names and addresses)*

Name: Duane A. Davidson
 Address: 5600 W. Canal Dr, Suite A
 City Kennewick State WA Zip Code 99336


ARTICLE 7

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Duane A. Davidson
 Physical Location Address *(required)*:
5600 W. Canal Dr. , Suite A
 City Kennewick WA Zip Code 99336
 Mailing or Postal Address *(optional)*:
Same as Above
 City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

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.

X  Duane A. Davidson January 6, 2015
 Signature of Registered Agent Printed Name Date

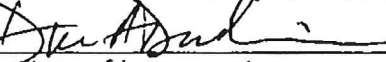
ARTICLE 8

NAME, ADDRESS AND SIGNATURE OF EACH INCORPORATOR:

(If necessary, attach additional names, addresses and signatures)

Name: Duane A. Davidson
 Address: 5600 W. Canal Dr, Suite A
 City Kennewick State WA Zip Code 99336

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X  Duane A. Davidson, President January 6, 2015 509-786-2255
 Signature of Incorporator Printed Name/Title Date Phone

Important note: If your nonprofit organization is currently fundraising, or plans to fundraise from the public, it may also be required to register with the Charities Program of the Secretary of State. Registration with the Charities Program is separate from, and in addition to, filings required under corporate law. Please visit the Charities Program website at www.sos.wa.gov/charities/ to review the registration requirements and forms for Charitable Organizations.