

State of Idaho

Office of the Secretary of State

**CERTIFICATE OF AUTHORITY
OF
NATIONAL INCLUSION PROJECT, INC.**

File Number C 186602

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Non-Profit Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 19, 2010



Ben Yursa

SECRETARY OF STATE

By *Donna H. H. H. H.*

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APPLICATION FOR CERTIFICATE OF AUTHORITY (Nonprofit)

(Instructions on back of application)

The undersigned Corporation applies for a Certificate of
Authority and states as follows:

2010 MAR 19 AM 9:05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the corporation is: National Inclusion Project, Inc.
2. The name which it shall use in Idaho is: National Inclusion Project, Inc.
3. It is incorporated under the laws of: North Carolina
4. Its date of incorporation is: 7/30/03 and its duration, if other than perpetual, is: _____
5. The street address of its principal office is:
104 TW Alexander Dr. Bldg. 1 RTP, NC 27709
6. The address to which correspondence should be addressed, if different than item 5, is:
P.O. BOX 110104 RTP, NC 27709
7. The street address of its registered office in Idaho is:
921 S. Orchard Street, Suite G, Boise, ID 83705
and its registered agent in Idaho at that address is: CorpDirect Agents, Inc.

8. Does the corporation have members?

☐ Yes

☒ No

9. The names and respective addresses of its directors and officers are:

Name	Office	Address
See Attached		

Dated: 3/1/10

Signature: _____

Typed Name: Jerry Aiken

Capacity: Executive Director

Secretary of State use only

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certificates\authority_nonprofit.pmd
Revised 04/2004

IDAHO SECRETARY OF STATE
03/19/2010 05:00
CK: 484917 CT: 172899 RH: 1213655
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C186602

Board Members

Chairman	Clay Aiken	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540
	Diane Bubel	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540
	Faye Parker	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540
	Dr. Priscilla Brame	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540
	Frances Wilson	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540

Officers

Secretary	Faye Parker	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540
Treasurer	Debbie Cain	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540
Executive Director	Jerry Aiken	104 TW Alexander Dr. Bldg. 1 RTP, NC 27709	919-314-5540



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

NATIONAL INCLUSION PROJECT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 30th day of July, 2003 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 19th day of March, 2010.

Elaine F. Marshall

Secretary of State

