



# ARTICLES OF INCORPORATION (Non-Profit)

(Instructions on back of application)

2013 MAY 28 AM 9:25

The undersigned, in order to form a Non-Profit Corporation under the provisions of Title 30, Chapter 3, Idaho Code, submits the following articles of incorporation to the Secretary of State.

SECRETARY OF STATE  
STATE OF IDAHO

Article 1: The name of the corporation shall be:

CONIBECA Incorporated

Article 2: The purpose for which the corporation is organized is:

CHARITABLE WORK OF PROVIDING PAYEE SERVICES TO DISABLED INDIVIDUALS.

Article 3: The street address of the registered office is: 2468 QUAIL RIDGE DR., AMMON, IDAHO 83401

and the registered agent at such address is: JANALEE NELSON

Article 4: The board of directors shall consist of no fewer than three (3) people. The names and addresses of the initial directors are:

JANALEE NELSON - 2468 QUAIL RIDGE DR., AMMON, IDAHO 83401

KIP NELSON - 2468 QUAIL RIDGE DR., AMMON, IDAHO 83401

WILLIAM CODY NELSON - 2468 QUAIL RIDGE DR., AMMON, IDAHO 83401

Article 5: The name(s) and address(es) of the incorporator(s):

JANALEE NELSON - 2468 QUAIL RIDGE DR., AMMON, IDAHO 83401

Article 6: The mailing address of the corporation shall be:

3456 E 17TH ST. STE 140, IDAHO FALLS, IDAHO 83406

Article 7: The corporation ( ☒ does ☐ does not ) have voting members.

Article 8: Upon dissolution the assets shall be distributed:

ON THE WINDING UP AND DISSOLUTION OF THE CORPORATION, AND AFTER PAYING THE  
DEBTS OF THE CORPORATION, THE REMAINING ASSETS SHALL BE DISTRIBUTED TO ONE OR  
MORE ORGANIZATIONS OPERATED EXCLUSIVELY FOR ONE OR MORE EXEMPT PURPOSES  
WITHIN THE MEANING OF IRC 501(c)(3).

Signatures of all incorporators:

*Janalee Nelson* Typed Name: Janalee Nelson  
\_\_\_\_\_  
Typed Name: \_\_\_\_\_  
\_\_\_\_\_  
Typed Name: \_\_\_\_\_  
\_\_\_\_\_  
Typed Name: \_\_\_\_\_  
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Typed Name: \_\_\_\_\_

Customer Acct #:

(if using pre-paid account)

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE

05/28/2013 05:00

CK: 003 CT: 203601 BH: 1375584

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Web Form

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