



# APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Idaho

Pursuant to Section 20-1-10, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

1. The name of the corporation is 87 NOV 17 AM 9 01 KSRV, INC.

2. The name which it shall use in Idaho is KSRV, INC.

(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)

3. It is incorporated under the laws of OREGON

4. The date of its incorporation is March 20, 1984 and the period of its duration is PERPETUAL

5. The address of its principal office in the state or country under the laws of which it is incorporated is P.O. BOX 129, Ontario, Oregon 97914

6. The address to which correspondence should be addressed, if different from that in item 5.

7. The street address of its proposed registered office in Idaho is 415 PARK AVENUE  
TWIN FALLS, IDAHO 83303, and the name of its proposed registered agent in Idaho at that address is DAVID N. CAPPS

8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are:  
RADIO BROADCASTING

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

Name	Office	Address
<u>DAVID N. CAPPS</u>	<u>PRESIDENT</u>	<u>168 PIERCE STREET, TWIN FALLS, ID.</u>
<u>GORDON L. CAPPS</u>	<u>SECRETARY</u>	<u>P.O. BOX 129, ONTARIO, OREGON 97914</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(continued on reverse)

Name

Office

Address

- 10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.
- 11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: 11/1/87

KSRV, INC.

(Corporation Name)

By X David N. Capps  
Its President / Vice President (please specify)

and X Gordon L. Capps  
Its Secretary / Assistant Secretary (please specify)

STATE OF OREGON )  
COUNTY OF Malheur ) ss:

I, Tamaral. Fulwyler, a notary public, do hereby certify that on this first day of November, 19 87, personally appeared before me David N. Capps & Gordon L. Capps, who being by me first duly sworn, declared that ~~that~~ they are ~~the~~ the President & Secretary of KSRV, INC.

that ~~the~~ they signed the foregoing document as officers of the corporation and that the statements therein contained are true.

Tamaral A. Fulwyler  
Notary Public  
my commision expires 1/9/91



## Office of the Secretary of State Corporation Division

I, **Robert Tintott**, *Director of the Corporation Division*,

*DO HEREBY CERTIFY:*

**KSKV, INC.** was incorporated under the Oregon **Business Corporation Act** on **March 20, 1984** and is an existing corporation as of the date of this certificate.

**Robert Tintott**

*Director*

By *Mark S. Brady*  
Date *October 19, 1987*