ARTICLES OF INCORPORATION

FILED EFFECTIVE

(Non-Profit)

Title 30, Chapters 21 and 30, Idaho Code Filing fee: \$30 typed, \$50 not typed Complete and submit the form in duplicate. 2018 MAY 21 AM 10: 01

SECRETARY OF STATE STATE OF IDAHO

Article 1: The name of the corp Freedom Light, Inc	poration shall be:	STATE OF TOTAL
Article 2: The purpose for whi	ch the corporation is organized is: to t	rain, teach, and mentor the Gospel of
Jesus Christ as a religious	s, non-profit corporation as esta	blished under Section 501(c)(3)
Article 3: Registered agent na	me and address:	
Joanne Mandala	1698 N Willamette Dr.,	Post Falls, ID 83854
(Name)	(Address)	
Article 4: The board of director initial directors are:	rs shall consist of no fewer than three	(3) people. The names and addresses of the
Joanne Mandala	1698 N Willamette Dr.,	Post Falls, ID 83854
(Name)	(Address)	<u> </u>
William L. Frisbie	1749 W. Durham Dr., Coeur d Alene, ID 83815	
(Name)	(Address)	
Susan Frisbie	1749 W. Durham Dr., Coeur d Alene, ID 83815	
(Name)	(Address)	
Article 5: Incorporator name(s)) and addross(ss);	
•	• •	Deat Falls ID 92954
Joanne Mandala	1698 N Willamette Dr., Post Falls, ID 83854	
William L. Frisbie	(Address) 1749 W. Durham Dr., Coeur d Alene, ID 83815	
(Name)	(Address)	
Susan Frisbie	1749 W. Durham Dr., Coeur d Alene, ID 83815	
(Name)	(Address)	
Article 6: The mailing address	s of the corporation shall be:	
PO Box 1178, Post Falls,	-	
(Address)		
Article 7: The corporation (does 🗵 does not) have voting n	
Article 8: Upon dissolution the	assets shall be distributed: to a nor	n-profit fund, foundation, or corporation
	rposes under Section 501(c)(3)	of the Internal Revenue Code.
Signatures of all incorporators:		
Printed Name: Joanne Ma	ndala	
V_{α}	- A	Secretary of State use only
Signature: Janne Mandala		IDAHO SECRETARY OF STATE
Printed Name: William L. Fr	isbie	05/22/2016 05:00
1 700	A D	CK:57 CT:358162 BH:1645022
Signature: William J	- U - Mary	16 30.00 = 30.00 INC NONP #2
Printed Name: Susan Frisb	ie	(217913
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Revised 08/2015

Signature: _