## State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

### NORTHWEST ASSOCIATION FOR BLIND ATHLETES dba NORTHWEST ASSOCIATION FOR BLIND ATHLETES, INC.

File Number C 215771

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, 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 Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: November 13, 2017

THE OF SEASON

SECRETARY OF STATE

Ву

# 202

### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 NOV 13 AM 11: 00

1.	The name of the entity is: Northwest Association for Blind Athletes	
2.	The name which it shall use in Idaho is: Northwest Association for Blind Athletes , Inc.	
3.	Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)	
	<ul> <li>☐ Business Corporation</li> <li>☑ Nonprofit Corporation</li> <li>☐ Limited Liability Partnership</li> <li>☐ Limited Liability Company</li> </ul>	<ul> <li>☐ General Partnership</li> <li>☐ General Cooperative Association</li> <li>☐ Limited Partnership (Including a limited liability limited partnership</li> <li>☐ Statutory Trust, Business Trust, or Common-law Business Trust</li> </ul>
4.	Other:  (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)  Jurisdiction of formation:  State of Washington  (Provide the domestic jurisdiction where the entity was formed)	
5.	i. The address of its principal office is: 311 W. Evergreen Blvd, Ste. 200, Vancouver, WA 98660  (Street Address)	
	PO Box 65265, Vancouver, WA 98665-0009  (Mailing Address, If different)	
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is: N/A	
	(Street Address)  N/A  (Mailing Address, if different)	
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:  Same as item 5	
	(Address)	
8.	B. Name and street address of registered agent <u>in Idaho</u> :	
	Tracy Wasden	2002 W. Tanero Ct, Meridian, ID 83646-5089
	(Name)	(Address)
9.	The name, capacity, and mailing addi	ress of at least one governor:
		sec Director PO Box 65265, Vancouver, WA 98665
		pacity) (Address)
	Tracy Wasden Bo	pard Membe 2002 W. Tanero Ct, Meridian, ID 83646-5089
		pacity) (Address)

Typed Name: William

Signature:

Capacity: Founder/Executive Director

Secretary of State use only

IDAHO SECRETARY OF STATE 11/13/2017 05:00

CK: 6295 CT: 310610 BH: 1611668 10 100.00 = 100.00 FOR REG ST #2

C215771

Rev. 08/2015



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

### NORTHWEST ASSOCIATION FOR BLIND ATHLETES

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 5/5/2007.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: September 18, 2017

UBI: 602-723-378

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

