



# ARTICLES OF INCORPORATION

(Non-Profit)

(Instructions on back of application)

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.

FILED EFFECTIVE

2014 APR 25 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

Article 1: The name of the corporation shall be:

Hand it Forward, Inc.

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

exclusively for charitable purposes, including for such purposes the making of distributions to organizations that qualify as exempt 501c3, IRS code, or comparable section of future federal tax code.

Article 3: The street address of the registered office is: 12641 N Humphreys Way, Boise ID 83714

and the registered agent at such address is: Shawna Walz

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

Shawna L Walz - 12641 N Humphreys Way, Boise, ID 83714

Derek Walz - 12641 N. Humphreys Way, Boise, ID 83714

Carol Seiber 202 Cashmere Road, Boise, ID 83702

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

Shawna L Walz 12641 N Humphreys Way, Boise, ID 83714

*Shawna L Walz*

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

12641 N Humphreys Way, Boise, ID 83714

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

Article 8: Upon dissolution the assets shall be distributed:

for one or more exempt purposes within the meaning of section 501c3 of the Internal Revenue Code.

Or shall be distributed to the federal, state or local government for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporate is then located, exclusively for purposes as the Court shall determine.

Signatures of all incorporators:

*Shawna L Walz*

Typed Name: Shawna L. Walz

Typed Name: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Customer Acct #:

(if using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/25/2014 05:00

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