


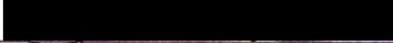
IMPORTANT! Person to contact about this filing Taylor M. Holtz	Daytime Phone Number (with area code) (360) 393-3673
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ARTICLES OF INCORPORATION

NAME OF CORPORATION	(May contain designations such as "Association" "Services" or "Committee." May not contain a corporate designation such as "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")
Washington Camanachd Club	
EFFECTIVE DATE OF INCORPORATION	(Specified effective date may be up to 30 days after receipt of the document by the Secretary of State)
<input type="checkbox"/> Specific Date: _____	<input checked="" type="checkbox"/> Upon filing by the Secretary of State
TERM OF EXISTENCE	(Check one box only)
<input checked="" type="checkbox"/> Perpetual	<input type="checkbox"/> _____ Years (Please indicate number of years)
PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (If necessary, attach additional information)	
The specific purpose of this corporation shall be to disseminate to the general public	
IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)	
Upon the dissolution of this corporation, its assets remaining after payment, or	

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT		
Name	Taylor M. Holtz	
Street Address (Required)	404 Bryant St.	City Bellingham State WA ZIP 98225
PO Box (Optional - Must be in same city as street address)	ZIP (if different than street ZIP)	
I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.		
	Taylor M. Holtz	11/5/6
Signature of Agent	Printed Name	Date

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)		
Name	Stephen Aitchison	
Address	1941 Lake Whatcom Blvd. #220	City Bellingham State WA ZIP 98225

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses and signatures of each additional incorporator)		
Name	Stephen Aitchison	X 
Address	1941 Lake Whatcom Blvd. #220	City Bellingham State WA ZIP 98225

SIGNATURE OF INCORPORATOR			
This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
	Taylor M. Holtz	Director	11/5/6
Signature of Incorporator	Printed Name	Title	Date

Purpose of organization cont.

the sport of camanachd, also known as shinty, through regular practices, matches, workshops, performances or otherwise.

In the event of voluntary dissolution cont.

provision for payment, of all debts and liabilities of this corporation shall be distributed to another like nonprofit corporation or organization for one or more exempt purposes within the meaning of section 501(c)(7) of the Internal Revenue Code. Such distribution shall be made in accordance with all applicable provisions of the laws of this state.

Names and Addresses of each initial board director cont.

Karl Davis
35313 42nd Ave S
Auburn, WA 98001

Taylor Holtz
404 Bryant St.
Bellingham, WA 98225

Names and Addresses of each incorporator cont.

Karl Davis
35313 42nd Ave S
Auburn, WA 98001

Taylor Holtz
404 Bryant St.
Bellingham, WA 98225

X

X