



ARTICLES OF INCORPORATION
KALISPEL TRIBE OF INDIANS
NON-PROFIT CORPORATION

(Per Chapter 30, § 30-2.28, §30-2.29, §30-2.54 Law and Order Code of the Kalispel Tribe of Indians)

FILING FEE: \$20.00

- Type, print or fill in with ink.
- MAKE SURE TO INCLUDE FILING FEE.
Checks made payable to "Kalispel Tribe of Indians"
- Date, sign and send **two originals** to:

KALISPEL TRIBE OF INDIANS
ATTN: TRIBAL SECRETARY
P.O. BOX 39
USK, WA 99180

FOR OFFICE USE ONLY

FILED: / /

ARTICLE 1

NAME OF CORPORATION:

(MAY NOT contain any of the following abbreviations or designations of: Incorporated, Company, Limited Liability Partnership, Limited, Limited Partnership, Limited Liability Company, or Corporation)

ARTICLE 2

PERIOD OF DURATION:

- Perpetual existence
- Specific term of existence: _____ (Number of years or date of termination)

ARTICLE 3

EFFECTIVE DAY OF INCORPORATION: (Please check **ONE** of the following)

- Upon filing by the Tribal Secretary
- Specific Date: _____ (Specified effective date must be within 30 days **AFTER** the Articles of Incorporation have been filed by the Tribal Secretary)

ARTICLE 4

PURPOSE(S) FOR WHICH THE NON-PROFIT CORPORATION IS ORGANIZED: (Attach additional information if necessary)

ARTICLE 5

DOES THE NON-PROFIT CORPORATION HAVE MEMBERS? (Please check **ONE** box)

YES (If **YES**, please explain any provision which the incorporators elect to set forth stating the qualifications and rights of members and conferring, limiting, or denying the right to vote)

NO (If **NO**, please explain) _____

ARTICLE 6

IN THE EVENT OF A VOLUNTARY DISSOLUTION, PLEASE EXPLAIN HOW THE NET ASSETS WILL BE DISTRIBUTED: *(Attach additional information if necessary)*

ARTICLE 7

NAME AND ADDRESS OF THE REGISTERED AGENT:

NAME: _____

PHYSICAL LOCATION ADDRESS: *(Required)* _____

CITY: _____ **STATE:** ____ **ZIP CODE:** _____

MAILING OR POSTAL ADDRESS: *(Optional)* _____

CITY: _____ **STATE:** ____ **ZIP CODE:** _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent on the Kalispel Tribe of Indian's Reservation for the above named Non-Profit Corporation. I understand that it will be my responsibility to accept Service of Process on behalf of the Non-Profit Corporation; to forward mail to the Non-Profit Corporation; and to immediately notify the Kalispel Tribal Secretary if I resign or change the Registered Office address.

X _____
Signature of Registered Agent *Printed Name* *Date*

ARTICLE 8

THE NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS: _____

NAME AND ADDRESS OF EACH INITIAL DIRECTOR: *(Attach additional names and addresses if necessary)*

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP CODE:** _____

ARTICLE 9

NAME, ADDRESS AND SIGNATURE OF EACH INCORPORATOR: *(Attach additional names, addresses and signatures if necessary)*

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** ____ **ZIP CODE:** _____

This document is hereby executed under penalties of perjury, and is, to best of my knowledge, true and correct.

X _____
Signature of Incorporator *Printed Name/Title* *Date* *Phone*