



STATE OF WASHINGTON
SECRETARY OF STATE

ARTICLES OF AMENDMENT
WASHINGTON

FILED NONPROFIT CORPORATION

(Per Chapter 24.03 RCW)

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 48284
OLYMPIA, WA 98504-0234

SECRETARY OF STATE

FEE: \$20

SAM REED

EXEMPTED (24-HOUR) SERVICE AVAILABLE - \$20 PER CERTIFY
INCLUDE FEE AND WRITE "CERTIFY" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE

DECEMBER 23, 2008

STATE OF WASHINGTON

- BE SURE TO INCLUDE FILING FEE. Filing fees should be made payable to "Secretary of State"

12/11/08 1417496-001
\$40.00 K #1001
td:1617666

12/23/08 1422852-001
\$20.00 K #10106
td:1617666

IMPORTANT! Person to contact about this filing

Barbara Anderson

Daytime Phone Number (with area code)

(360) 573-2240 or 635-8337

AMENDMENT TO ARTICLES OF INCORPORATION

NAME OF CORPORATION (As currently recorded with the Office of the Secretary of State)

North Salmon Creek Neighborhood Association

UBI NUMBER

601 623 640

CORPORATION NUMBER (if known)

AMENDMENTS TO ARTICLES OF INCORPORATION WERE ADOPTED ON

Date: 12/6/08

EFFECTIVE DATE OF ARTICLES OF AMENDMENT

(Specified effective date may be up to 30 days AFTER receipt of the document by the Secretary of State)

- Specific Date: _____
- Upon filing by the Secretary of State

ADOPTION OF THE ARTICLES OF AMENDMENT (Please check ONE of the following)

- The amendment was adopted by a meeting of members held on (specify date): 12/5/08. A quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast.
- The amendment was adopted by a consent in writing and signed by all members entitled to vote.
- There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held on (specify date): _____.

AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE AS FOLLOWS
If necessary, attach additional amendments or information.

Complete rewrite to meet criteria for ~~state~~ filing.
Please see attached.

SIGNATURE OF OFFICER

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

Barbara Anderson
Signature of Officer
President

Barbara Anderson
Printed Name

12/8/08
Date

INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

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008-025 (2003)