

State of Washington  
Dept. of Financial Institutions  
Securities Division  
P.O. Box 41200  
Olympia, WA 98504-1200  
(360) 902-8760  
<http://dfi.wa.gov/sd>

## NOTIFICATION OF CLAIM OF EXEMPTION

Nonprofit Organization - RCW 21.20.310(11)



Intentional misstatements or omissions of fact constitute criminal violations. See RCW 21.20.400.

### Item 1. Filing Information

Type of notice:  New Notice  Amendment  Renewal

File number (for renewals and amendments):

### Item 2. Issuer's Identity

Name of Issuer <input type="text"/>	Previous Name(s) <input type="checkbox"/> None <input type="text"/> <input type="text"/> <input type="text"/>	Entity Type (Select one) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust <input type="checkbox"/> Other (Specify) <input type="text"/>
Jurisdiction of Incorporation/Organization <input type="text"/>		
Year of Incorporation/Organization: <input checked="" type="checkbox"/> Over Five Years Ago <input type="checkbox"/> Within Last Five Years (specify year) <input type="text"/> <input type="checkbox"/> Yet to Be Formed		

### Item 3. Principal Place of Business

Street Address Line 1 <input type="text"/>	Street Address Line 2 <input type="text"/>		
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>	Phone No. <input type="text"/>

### Item 4. Contact Person

Provide the name and contact information for the person to contact with questions about the filing of this notice.

Last Name <input type="text"/>	First Name <input type="text"/>	Firm Name <input type="text"/>
Street Address Line 1 <input type="text"/>	Street Address Line 2 <input type="text"/>	
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>
Phone <input type="text"/>	Fax <input type="text"/>	E-mail <input type="text"/>

**Item 5. Related Persons**

Provide contact information for all executive officers and directors.

Last Name

First Name

Middle Name

Street Address Line 1

Street Address Line 2

City

State/Province/Country

ZIP/Postal Code

Relationship(s):  Executive Officer  Director

Identify additional related persons by checking this box  and attaching Item 5 Continuation Page(s).

**Item 6. Nature and Purpose of Organization**

Select type of organization:

Religious Organization

Charitable Organization

Educational Organization

Fraternal Organization

Proof of the organization's tax exempt status under the Internal Revenue Code or other documentation demonstrating the organization's status as a non-profit entity must be filed with this notice. Check the box to indicate proof accompanies this notice.

**Item 7. Types of Securities Offered (Select all that apply)**

Equity

Security to be acquired upon exercise of option, warrant, or other right to acquire security

Debt

Other (Describe)

Option, warrant, or other right to acquire another security

**Item 8. Price Per Security and Offering Amount**

Number of securities to be offered:

Price per security:

Total offering amount:

Where more than one type of securities is offered, the issuer may attach additional schedules to this notice.

**Item 9. Use of Proceeds**

List the proposed uses of the proceeds in this offering:

## Item 10. Signature and Submission

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By filing this notice pursuant to RCW 21.20.310(11), the issuer hereby represents that:

- The securities in this offering will be offered or sold only to persons who, prior to their solicitation for the purchase of said securities, were members of, contributors to, or listed as participants in, the organization, or their relatives.
- Issuer shall provide a prospective purchaser written information regarding the securities offered prior to consummation of any sale. This written information shall conspicuously disclose the following statements:
  1. ANY PROSPECTIVE PURCHASER IS ENTITLED TO REVIEW FINANCIAL STATEMENTS OF THE ISSUER WHICH SHALL BE FURNISHED UPON REQUEST:
  2. THE RETURN OF THE FUNDS OF THE PURCHASER IS DEPENDENT UPON THE FINANCIAL CONDITION OF THE ORGANIZATION; AND
  3. RECEIPT OF NOTICE OF EXEMPTION BY THE SECURITIES DIVISION DOES NOT SIGNIFY THAT THE ADMINISTRATOR HAS APPROVED OR RECOMMENDED THESE SECURITIES, NOR HAS THE ADMINISTRATOR PASSED UPON THE OFFERING. ANY REPRESENTATION TO THE CONTRARY IS A CRIMINAL OFFENSE.
- The issuer hereby irrevocably appoints the Director of the Department of Financial Institutions as its agent for service of process in any noncriminal suit, action, or proceeding against the applicant or the applicant's successor, executor, or administrator which arises under the Securities Act of Washington, chapter 21.20 RCW, or any rule or order thereunder, with the same force and validity as if served personally on the issuer.

It is requested that a copy of any notice, process, or pleading served hereunder be mailed to:

Name
<input type="text"/>
Address
<input type="text"/>

- The filing fee of \$50 accompanies this notice. Please make checks payable to Washington State Treasurer.
- The issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Signature
<input type="text"/>
Title
<input type="text"/>

Name of Signer (Print)
<input type="text"/>
Date
<input type="text"/>

Number of continuation pages attached:

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## Continuation Page - Item 5. Related Persons

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Directions: Provide contact information for all executive officers and directors.

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director		

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director		

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director		

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director		

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Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship(s): <input type="checkbox"/> Executive Officer <input type="checkbox"/> Director		

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