

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF INCORPORATION

to

RESPONSIBLE DEVELOPMENT

a/an WA Non-Profit Corporation. Charter documents are effective on the date indicated
below.

Date: 3/29/2005

UBI Number: 602-495-023

APPID: 256615



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



STATE OF WASHINGTON
SECRETARY OF STATE

APPLICATION TO FORM A
FILED NONPROFIT CORPORATION

SECRETARY OF STATE

(See Chapter 24.03 RCW)

FEE: \$30

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

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH - PO BOX 40234
OLYMPIA, WA 98504-0234

APRIL 18, 2005

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

FILED:

UBI: 602 495 023

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

STATE OF WASHINGTON

IMPORTANT! Person to contact about this filing

Daytime Phone Number (with area code)

Dana Lyons

360-647-8755

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.")

Reponsible Development

EFFECTIVE DATE OF INCORPORATION (Specified effective date may be up to 30 days after receipt of the document by the Secretary of State)

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

TERM OF EXISTENCE (Check one box only)

Perpetual _____ Years (Please indicate number of years)

PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (if necessary, attach additional information)

To provide a voice for neighborhood concerns about development

IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (if necessary, attach additional information)

Should be given to a neighborhood group with similar goals

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name Dana Lyons

Street Address (Required) 2521 Broad St city Bellingham State WA ZIP 98227

PO Box (Optional - Must be in same city as street address) PO Box 2627 ZIP (if different than street ZIP) 98227

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.

Signature of Agent Dana Lyons

Printed Name Dana Lyons

Date 3/27/05

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (if necessary, attach additional names and addresses)

Name Dana Lyons

Address PO Box 2627 city Bellingham State WA ZIP 98227

NAMES AND ADDRESSES OF EACH INCORPORATOR (if necessary, attach names, addresses and signatures of each additional incorporator)

Name Dana Lyons

Address PO Box 2627 city Bellingham State WA ZIP 98227

SIGNATURE OF INCORPORATOR

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

Signature of Incorporator Dana Lyons

Printed Name Dana Lyons Title Chairman

Date 3/27/05

CORPORATIONS INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1488)

03/29/2005 592629
\$30.00 Check #1060
Tracking ID: 679648
Doc No: 592629-001

04/18/2005 606247
\$20.00 Check #1962
Tracking ID: 679648
Doc No: 606247-001

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006-004 (6/02)