WASHINGTON
Secretary of State
Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

☑ **Filing Fee $20**

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THIS BOX FOR OFFICE USE ONLY

ARTICLES OF AMENDMENT

Nonprofit Corporation

RCW 24.03A

All fields REQUIRED unless otherwise specified

(1) UBI No.: 602 304 236

(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)
AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE

(3) BUSINESS TYPE:

Are you changing your business type? **(Check one)** ☐ **Yes** ☑ **No** If Yes, select the change being made:

☐ WA NONPROFIT PROFESSIONAL SERVICE CORPORATION

Additional requirements must be submitted if changing the business type, including a change to the name, see instructions for details.

(4) BUSINESS NAME CHANGE: Are you changing your business name? **(Check one)** ☑ **Yes** ☐ **No**

New Name: AMERICAN INDIAN HEALTH COMMISSION

May include "club", "league", "association", "services", "committee", "fund", "society", "foundation", "guild", ". . . . . ., a nonprofit corporation", ". . . . . ., a nonprofit mutual corporation" or any name of like import. **Must not include or end with** "Corporation", "Incorporated", "Company", "Limited", "Limited Partnership" or the abbreviation "Corp.", "Inc.", "Co." or "Ltd." or any abbreviation thereof. May only include the term "public benefit" or names of like import if the nonprofit corporation has been designated as a public benefit nonprofit corporation by the secretary of state in accordance with chapter 24.03A RCW. For name requirements review the following RCW(s): RCW 23.95.305

Does the business have a name reserved? **(Check one)** ☐ **Yes** ☑ **No** If Yes, provide the Name Reservation Number

Reservation Number: _____

(5) CHARITABLE NONPROFIT CORPORATION: If within section 7 or in the most recent recorded Nonprofit's Purpose, language indicating a "charitable purpose"; the Nonprofit is a Religious Corporation; or that the Nonprofit is eligible for tax-exempt status under section 501(C)(3) of the Internal Revenue Code, then Yes is required below,

Is the Nonprofit Corporation a Charitable Nonprofit as defined by RCW 24.03A.010(5)? **(Check one)** ☑ **Yes** ☐ **No**

(6) MEMBERS: RCW 24.03A.010(45)

Does the Nonprofit Corporation have members? **(Check one)** ☑ **Yes** ☐ **No** ***providing names are optional***

Name: _____ **Name:** _____

(7) PURPOSE OF NONPROFIT CORPORATION: ***Required only if changed*** attach additional pages if necessary
SEE ATTACHMENT 1.

(8) Has your registered agent or their contact details changed? **(Check one)** ☑ **Yes** ☐ **No** **If Yes, complete page 2**

NEW REGISTERED AGENT: Required ONLY if question 8 was marked Yes

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a Registered Agent in Washington State per RCW 23.95.415

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent***.** The appointed agent must sign the **Consent to Serve** statement below.

COMMERCIAL REGISTERED AGENT

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent address has been registered with this office in advance and does not need to provide it with this submission.

If applicable, provide the name of the Commercial Registered Agent: _____

NON-COMMERCIAL REGISTERED AGENT

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

If multiple types are listed the first type will be entered by this office

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

Registered Agent: EXECUTIVE DIRECTOR

Phone: ***(optional)*** 360-797-5246

Email: VICKI.LOWE@AIHC-WA.COM

Street Address: (*required*)
Must be a physical address; No PO Box or PMB

Country: **United States** **State**: **Washington**

Address : 808 N 5TH AVE

Zip: 98362 City: SEQUIM

Mailing Address (*optional*)
☑ **Check if mailing address is the same as street address**

Country: **United States** **State**: **Washington**

Address : PO BOX 483

Zip: 98362 City: PORT ANGELES

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Vicki Lowe — VICKI LOWE, EXECUTIVE DIRECTOR — 03/22/2024

Signature of Registered Agent **Printed Name/Title** **Date**

(9) PUBLIC BENEFIT DESIGNATION: RCW 24.03A.245/250 ***Required only if changed***

1. Is the Nonprofit Corporation currently designated as a Public Benefit Corporation with the Office of the Secretary of State? **(Check one)** ☐ **Yes** ☑ **No**

2. If "yes", does the Nonprofit Corporation still meet the requirements to maintain its Public Benefit designation?

(Check one) ☐ **Yes** ☐ **No** ***If "no" is selected the Nonprofit will not maintain the designation of a Public Benefit Corporation***

2a. If "yes", does the Nonprofit Corporation still elect to have the Public Benefit Designation?

(Check one) ☐ **Yes** ☐ **No**

(10) HOST HOME REGISTRATION: RCW 74.15.315 ***Required only if changed***

Is the Nonprofit Corporation currently registered as a Host Home with the Office of the Secretary of State?

(Check one) ☐ **Yes** ☐ **No**

If "yes", does the Nonprofit Corporation elect to maintain its Host Home registration per **RCW 74.15.020(2)(o)**?

(Check one) ☐ **Yes** ☐ **No** ***If "no" is selected the Nonprofit will not maintain the designation of a Host Home***

(11) PERIOD OF DURATION: ***Required only if changed*** Check **ONE** of the following

☑ This Company shall have a perpetual duration (default) ☐ This Company shall have a duration of _____ years.

☐ This Company shall expire on _____

(12) ADOPTION OF ARTICLES OF AMENDMENT:

This Amendment was duly adopted by the following method **(Check one)**

☐ The Articles of Amendment were duly adopted by the board of directors; member approval was not required.

☑ The Articles of Amendment were duly adopted and approved by the members in the manner required by the Nonprofit Corporation's articles and bylaws, and by **RCW 24.03A.665**.

(13) DATE OF ADOPTION:

The date that the Articles of Amendment were adopted was: 12/06/2023

(14) DISTRIBUTION OF ASSETS: ***Required only if changed***

_____

_____

_____

_____

(15) GOVERNOR(S): ***Required only if changed***

List at least one. Attach additional pages if necessary. A business cannot serve as its own Governor.

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

(16) EFFECTIVE DATE OF THIS FILING: Check **ONE** of the following

☑ Date of filing (default) this is the date that the submission is completed by our office

☐ Specify a Date _____ (cannot be more than 90 days following received date)

(17) RETURN ADDRESS FOR THIS FILING: ***(optional)***

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention to: AIHC **Email:** TERRA.HORTON.AIHC@OUTLOOK.COM

Address: PO BOX 483

City: PORT ANGELES **State:** WA **Zip:** 98362

(18) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person	**Printed Name/Title**	**Date**
	STEVE KUTZ, COMMISSION CHAIR	03/22/2024

(8) PURPOSE OF NONPROFIT CORPORATION:

To support and advocate for Tribal sovereignty and unmet Tribal needs and to improve the health and cultural well-being of
American Indians and Alaska Natives through collaborating, convening, advocacy, public education, technical assistance, program development and delivery, and resource sharing which may include financial support to Tribes, Urban Indian programs authorized under Title V of the Indian Health Care Improvement Act, and Indian health care providers.