

## COMMONWEALTH OF KENTUCKY ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov

(04/11)

## Articles of Incorporation Non-profit Corporation

NAI

**Please note:** This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

| Pursuant to KRS 14A and KRS 273   | B, the undersigned applies to     | o qualify and for    | that purpose submits th      | ne following statem  | ents:          |
|---|-----------------------------------|----------------------|------------------------------|----------------------|----------------|
| Article I: The name of the corporation is The Foundation for Saving Life  |                                   |                      |                              |                      |                |
| Article II: The purpose for which the   | corporation is organized          | Education            | in and Rese                  | arch                 |                |
| Article III: The name of the registere  |                                   |                      | 4 0                          |                      |                |
| and the street address of the corpor  | ation's initial registered office | ce in Kentucky is    | •                            |                      |                |
| 626 Pasadena Dr. Lexington Kentucky 40503 Street Address (No Post Office Box Numbers) City State Zip Code         |                                   |                      |                              |                      |                |
| Street Address (No Post Office Box N  | umbers)                           | City J               | State                        | Zip                  | Code .         |
| Article IV: The mailing address of the corporation's principal office is  |                                   |                      |                              |                      |                |
| 201 East Main St. Suite 1405 Lexington Kentucky 40507 Street or PO Box Number City State Zip Code                 |                                   |                      |                              |                      |                |
| Street or PO Box Number   |                                   | City                 | State                        | Zip                  | Code .         |
| Article V: The number of directors (n   | ninimum of three (3) require      | ed) constituting the | ne initial board of direct   | ors is 3             |                |
| The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows: |                                   |                      |                              |                      |                |
| _   |                                   |                      | 1 escues too                 | 2 V                  | 40507          |
|   | W. Second St. PO Box Number       |                      | City                         | State                | Zip Code       |
| Jack Crawford Name Street or  | 626 Pasadena                      | Dr                   | 1.0 tinston                  | KY                   | 40503          |
| Name Street or  | PO Box Number                     |                      | <u>Lexington</u> <u>City</u> | State                | Zip Code       |
| Theresa Deisher Name Street or  | 3510 NE 418                       | 't Sta               | Seattle                      | WA                   | 98105          |
| Name Street or  | PO Box Number                     |                      | City                         | State                | Zip Code       |
| Article VI: The name and mailing address of the incorporator is   |                                   |                      |                              |                      |                |
|   | 26 Pasadena                       |                      | Lexington                    | KY                   | 40503          |
| Name Street Add   | dress or Post Office Box Nun      | nber                 | City                         | State                | Zip Code       |
| Name Street Add   | dress or Post Office Box Nun      |                      |                              |                      |                |
| Street Add  | uress or Post Office Box Nun      | nber                 | City                         | State                | Zip Code       |
| Name Street Add   | dress or Post Office Box Nun      | nber                 | City                         | State                | Zip Code       |
| Article VII: This application will be eff   | ective upon filing, unless a      | delayed effective    | e date and/or time is pro    | ovided The effect    | ve date or the |
| delayed effective date cannot be price  | or to the date the application    | is filed. The da     | te and/or time is            |                      |                |
| We declare under penalty of perjury   | under the laws of the state       | of Kentucky tha      | t the foregoing is true a    | d effective date and | /or time)      |
| As I  |                                   |                      | wford, Direc                 |                      | 20/2011        |
| ignature of Incorporator  |                                   | Print Name & Title   |                              | Date                 | = 1/ 2011      |
| Jack Crawford   | Q                                 | concent t            |                              |                      |                |
| Print Name of Registered Agent , consent to serve as the registered agent on behalf of the corporation.           |                                   |                      |                              |                      |                |
| Hall  |                                   | Jack Cr              | owford, Direc                | Hr 8/2               | 29/2011        |
| ignature of Registered Agent  | P                                 | Print Name &Title    | )                            | Date                 | / /            |