Montana Department of Revenue

GALLATIN VALLEY CHAPTER OF FARM TO SCHOOL
719 S 6TH AVENUE
BOZEMAN, MT 59715-0000

SOS Id: 000187227
Letter Id: L0584925440

Congratulations! The Montana Secretary of State has informed us that your organization registered / qualified to do business in Montana on August 4, 2008.

The Department of Revenue wants to assist you in meeting your corporation business requirements. According to Montana tax law (ARM 42.23.103), corporations engaged in business in Montana are required to file an annual Montana Corporation License Tax Return, unless they have tax-exempt status. For the department to grant a tax-exempt status, you must provide copies of the:

1. Affidavit showing the character of the organization, the purposes for which it was organized, its actual activities, the sources and disposition of its income, and whether or not any of its income may inure to the benefit of any private shareholder or individual,
2. Articles of Incorporation,
3. By-laws,
4. Latest financial statements showing assets, liabilities, receipts and disbursements and
5. IRS exemption certificate or letter, if available.

To help us keep your corporation's file current, please write your Federal Employer Identification Number and Federal Tax Year End below and return this letter within 30 days, with the requested information, to:

Montana Department of Revenue
Account Maintenance & Cashiering
P.O. Box 5805
Helena, MT 59604-5805

For additional information or assistance, please contact our Customer Service Center at (406) 444-6900.

FEIN: _____________________________

Federal Tax Year End (if applicable) _____________

Citizen Services (406) 444-6900 ▲ TDD (406) 444-2830 ▲ mt.gov/revenue
STATE OF MONTANA

ARTICLES OF INCORPORATION
for DOMESTIC NONPROFIT CORPORATION
(35-2-213, MCA)

MAIL: BRAD JOHNSON
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: sos.mt.gov

Filing Fee: $20.00
☐ 24 Hour Priority Filing Add $20.00
☐ 1 Hour Expedite Filing Add $100.00

Prepared, sign, submit with an original signature and filing fee.
This is the minimum information required.
(This space for use by the Secretary of State only)

Executed by the undersigned person for the purpose of forming a Montana nonprofit corporation.

1. The name of the Nonprofit Corporation is: **GALLATIN VALLEY CHAPTER**

2. The name and address of the registered office/agent in Montana:
   Name: **FARM TO SCHOOL**
   Street Address: 69 MOSS, FISH HATCHERY ROAD, BOZEMAN 59715
   Mailing Address: PO BOX 502
   City: **BOZEMAN** MONTANA, Zip Code: 59715
   Signature of Agent (Required): **Kristine Thomas**

3. The name and address of the incorporator is as follows:
   Name: **KRISTINE THOMAS** (kristethomas@hotmail.com)
   Address: 719 S. 6TH AVENUE
   City: **BOZEMAN** State: **MT** Zip Code: 59715

4. The Nonprofit Corporation **WILL** have members **WILL NOT** have members.

5. This Nonprofit Corporation is a (check one):
   ☑ Public Benefit Corporation
   ☐ Mutual Benefit Corporation
   ☐ Religious Corporation

6. Upon dissolution, the assets shall be distributed in the following manner:
   TO THE MONTANA OUTDOOR SCIENCE SCHOOL (MOSS)
   Bozeman, MT 59715 (406)582-0526

7. Signature of Incorporator Date
   **Kristine Thomas** 6/30/2008

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.