



**State of Utah**  
**DEPARTMENT OF COMMERCE**  
 Division of Corporations & Commercial Code  
 PO Box 146705  
 Salt Lake City UT 84114-6705

Non-Refundable Processing Fee: \$22.00

Phone: (801) 530-4849  
 or toll free in-state (877) 526-3994  
 Fax: (801) 530-6438

State of Utah  
 Department of Commerce  
 Division of Corporations and Commercial Code  
 I hereby certified that the foregoing has been filed  
 And approved on this 2 day of Sept 2005  
 In this office of this Division and hereby issued  
 this Certificate thereof.

Examiner [Signature] Date 9-12-05

[Signature]  
 Kathy Berg  
 Division Director



**Articles of Incorporation (Nonprofit)**

A. **Important: Read instructions before completing form**

<b>1. Name of Corporation:</b>	Cache Valley Amateur Hockey Association		
<b>2. Purpose:</b>	Youth Hockey Program		
<b>3. Registered Agent Name, Signature and Street Address:</b> (must be a Utah address where process may be served)	Angie Day Name		
	191 South 200 East Street Address	Willard City	Utah 84340 Zip
	I hereby accept appointment as Registered Agent for the above named corporation.		
	<u>Angie Day</u> Authorized Signature of R.A. or On behalf of R.A. Company		<u>8-29-05</u> Date
<b>4. Name, Signature and Address of Incorporator</b> (attach additional page if there is more than 1 incorporator)	Angie Day Name		
	191 South 200 East Address	Willard City	UT 84340 State Zip
	<u>Angie Day</u> Signature		<u>8-29-05</u> Date
<b>5. Voting Members:</b>	The nonprofit corporation <input checked="" type="radio"/> will <input type="radio"/> will not have voting members.		
<b>6. Shares:</b>	The nonprofit corporation <input type="radio"/> will <input checked="" type="radio"/> will not issue shares evidencing membership or interests in water or other property rights.		
	The aggregate number of shares that the nonprofit corporation has authority to issue shall be _____		
	The shares <input type="checkbox"/> will <input checked="" type="checkbox"/> will not be divided up in to classes.		
	Type 1:	_____	Amount: _____
	Statement:	_____	
	Type 2:	_____	Amount: _____
	Statement:	_____	

<b>1. Principal Address:</b>	2825 North 200 East Address	North Logan City	UT 84341 State Zip
<b>2. Designation:</b>	The nonprofit corporation <input type="radio"/> will <input checked="" type="radio"/> will not file as a 501(c)(3) organization with the IRS.		
<b>3. Name and Address of Directors:</b> (attach an additional page if there are more than 3 directors)	1. Angie Day Name Position Director		
	191 South 200 East Address	Willard City	UT 84340 State Zip
	2. Chuck Dudschus Name Position Director		
	120 South 1170 East Address	Logan City	UT 84321 State Zip
	3. _____ Name Position		
	_____	_____	_____

Under GRAMA (63-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than

5997108

Date: 09/01/2006  
Receipt Number: 1567890  
Amount Paid: \$22.00