



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

RECEIVED STATE  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 JUL 19 PM 1:01

**Certificate of Authority**  
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
<b>Employee Assistance Fund for Alaska Airlines</b>		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of: <b>Washington</b>		
3. The date of its incorporation is: <b>09/01/1992</b>		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: <b>19530 International Blvd. Ste 108 SeaTac, WA 98188</b>		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

RECEIVED STATE  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 AUG -2 AM 11:38

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**AUG 02 2019**  
**KL ZSQEA**  
**11:36**

RECEIVED STATE  
R.I. DEPT. OF STATE  
BUS SVCS DIV

FORM 250 - Revised: 09/2017

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:  
*Emergency funds for Alaska Airline Employees.*

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President	<b>Debbie Walkup</b>	<b>19530 International Blvd. Ste 108 SeaTac, WA 98188</b>
Vice President	<b>Sheryl Duyungan</b>	<b>19530 International Blvd. Ste 108 SeaTac, WA 98188</b>
Treasurer	<b>Tom Lyon</b>	<b>19530 International Blvd. Ste 108 SeaTac, WA 98188</b>
Secretary	<b>Dena Abella</b>	<b>19530 International Blvd. Ste 108 SeaTac, WA 98188</b>

Check the box to indicate an attachment

8. This application must be accompanied by a Certificate of Good Standing/ Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

*Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of <input type="checkbox"/> President OR <input checked="" type="checkbox"/> Vice President	Date
<i>Sheryl Duyungan</i>	<i>5/22/19</i>
Signature of President OR Vice President	
<i>Sheryl Duyungan</i>	
Type or Print Name of <input type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary	Date
<b>Dena Abella</b>	<b>05/22/2019</b>
Signature of Secretary OR Assistant Secretary	
<i>Dena Abella</i>	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 250 - Revised: 09/2017

UNITED STATES OF AMERICA

# The State of Washington



## Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

**EMPLOYEE ASSISTANCE FUND FOR ALASKA AIRLINES**

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 JUL 19 PM 1:02

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/01/1992.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

**I FURTHER CERTIFY** that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

**I FURTHER CERTIFY** that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 06/19/2019  
UBI Number: 601 410 616



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

Kim Wyman, Secretary of State

Date Issued: 06/19/2019

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2019 AUG -2 AM 11:36