



**ARTICLES OF AMENDMENT
KALISPEL TRIBE OF INDIANS
NON-PROFIT CORPORATION**

*(Per Chapter 30, § 30-2.33, §30-2.34, §30-2.35, § 30-2.54 Law and Order Code of the
Kalispel Tribe of Indians)*

FILING FEE: \$20.00

- Type, print or fill in with ink.
- MAKE SURE TO INCLUDE FILING FEE.
Checks made payable to "Kalispel Tribe of Indians"
- Date, sign and send **two originals** to:

**KALISPEL TRIBE OF INDIANS
ATTN: TRIBAL SECRETARY
P.O. BOX 39
USK, WA 99180**

FOR OFFICE USE ONLY

FILED: / /
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PERSON TO CONTACT REGARDING THIS FILING:	PHONE NUMBER: <i>(Include Area Code)</i>
EMAIL ADDRESS:	

AMENDMENT TO ARTICLES OF INCORPORATION

NAME OF CORPORATION: <i>(As Currently recorded with the Kalispel Tribal Secretary)</i>	
CORPORATION NUMBER: <i>(If known)</i>	ADMENDMENTS TO ARTICLES OF INCORPORATION WERE ADOPTED ON: _____
EFFECTIVE DATE OF ARTICLES OF AMDENTMENT: <i>(Specified effective date may be up to 30 days AFTER receipt of the document by the Kalispel Tribal Secretary)</i>	
<input type="checkbox"/> Specific Date: _____	<input type="checkbox"/> Upon Filing by the Kalispel Tribal Secretary

ADOPTION OF THE ARTICLE OF AMENDMENT: <i>(Please check ONE of the following)</i>
<input type="checkbox"/> The amendment was adopted by a meeting of members held on <i>(Specify date):</i> _____. A quorum was present at the meeting and the amendment received at least two-thirds (2/3) of the votes which members present or represented by proxy were entitled to cast.
<input type="checkbox"/> The amendment was adopted by consent in writing and signed by all members entitled to vote.
<input type="checkbox"/> There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held on <i>(Specify date):</i> _____.

<p>AMENDMENTS TO THE ARTICLES OF INCORPORATION ARE AS FOLLOWS <i>(If necessary, attach additional amendments or information)</i></p> <hr/> <hr/> <hr/>

SIGNATURE OF OFFICER		
<i>This document is hereby executed under penalties or perjury, and is, to the best of my knowledge, true and correct.</i>		
_____ <i>Signature of Officer</i>	_____ <i>Printed Name</i>	_____ <i>Date</i>

