

One (1) copy required

BUREAU USE ONLY:	
Dept. of State Entity #	_____
Dept. of Rev. Box #	_____
Filing Period _____	Date 3 4 5 _____
SIC/NAICS _____	Report Code _____

Check proper box:

Pennsylvania Entities

<input type="checkbox"/>	business stock
<input type="checkbox"/>	business non-stock
<input type="checkbox"/>	professional
<input type="checkbox"/>	nonprofit stock
<input checked="" type="checkbox"/>	nonprofit non-stock
<input type="checkbox"/>	statutory close
<input type="checkbox"/>	management
<input type="checkbox"/>	cooperative
<input type="checkbox"/>	insurance
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	restricted professional
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	business trust

Foreign Entities

State/Country _____ Date _____

<input type="checkbox"/>	business
<input type="checkbox"/>	nonprofit
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	restricted professional
<input type="checkbox"/>	limited liability company
<input type="checkbox"/>	business trust

Other

<input type="checkbox"/>	domestication
<input type="checkbox"/>	division
<input type="checkbox"/>	consolidation

1. Entity Name: STAMP CAMP USA

2. Individual name and mailing address responsible for initial tax reports:				
Kim Kowalczyk	111 N. Water Street	Knoxville PA	16928	
Name	Number and street	City	State	Zip

3. Description of business activity: Community Education

4. Specified effective date, if any: 04/02/03	
month/day/year	hour, if any

5. EIN (Employee Identification Number), if any: 27-0058071
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6. Fiscal Year End: 12/31

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name): _____
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2003047-1756

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Incorporation-Nonprofit

(15 Pa.C.S.)

Entity Number

3146965

- Domestic Nonprofit Corporation (§ 5306)
- Nonprofit Cooperative Corporation (§ 7102B)

Name

Kim Kowalczyk

Address

111 N. Water Street

City

State

Zip Code

Knoxville

PA

16928

Document will be returned to the name and address you enter to the left.

←

Fee: \$100

Filed in the Department of State on

MAY 30 2003

Pedro C. Cortes

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of incorporation or cooperative corporations generally), the undersigned, desiring to incorporate a nonprofit/nonprofit cooperation corporation, hereby state(s) that:

1. The name of the corporation is:

STAMP CAMP USA

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
111 N. Water Street	Knoxville	PA	16928	Tioga

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The corporation is incorporated under the Nonprofit Corporation Law of 1988 for the following purpose or purposes.

COMMUNITY EDUCATION

4. The corporation does not contemplate pecuniary gain or profit, incidental or otherwise.

DEPT. OF STATE

MAY 30 2003

5. Check one of the following:

The corporation is organized on a non-stock basis.

Option for Nonprofit Cooperative Corporation Only: The corporation is organized on a stock share basis.

6. For Nonprofit Corporation Only:

(Strike out if inapplicable): ~~THE CORPORATION HAS NO MEMBERS~~

(Strike out if inapplicable): The incorporators constitute a majority of the members of the committee authorized to incorporate: 1 CLASS by STAMP CAMP USA the requisite vote required by the organic law of the association for the amendment of such organic law.

7. For Nonprofit Cooperative Corporation Only:

Complete and strike out the inapplicable term: ~~THE CORPORATION IS A COOPERATIVE CORPORATION AND THE SOURCE OF FINANCIAL SUPPORT AMONG ITS MEMBERS (SHAREHOLDERS) IS XXXXXXXXXXXXXXXXXXXX~~

8. The name(s) and address(es) of each incorporator(s) is (are) (all incorporators must sign below):

Name(s)	Address(es)
Kim Kowalczyk	504 N. Burrowes St. State College, PA 16803
Cheryl B. Edgcomb	111 N. Water Street Knoxville, PA 16928

9. The specified effective date, if any, is:

<u>April</u>	<u>02</u>	<u>2003</u>	
month	day	year	hour, if any

10. Additional provisions of the articles, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

23rd day of May

2003

Kim J Kowalczyk
Signature

Cheryl B Edgcomb
Signature

Signature

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P. O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.DOS.STATE.PA.US/CORPS

STAMP CAMP USA

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. PLEASE NOTE THE FILE DATE AND THE SIGNATURE OF THE SECRETARY OF THE COMMONWEALTH. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.DOS.STATE.PA.US/CORPS OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER : **3146965**

MICROFILM NUMBER : **2003047**

MICROFILM START - END : **1756 - 1757**

KIM KOWALCZYK
111 N WATER ST
KNOXVILLE PA 16928