



STATE OF WASHINGTON  
SECRETARY OF STATE

**Washington Nonprofit Corporation**  
See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

This Box For Office Use Only

FILED  
SECRETARY OF STATE  
FEB 08 2011  
STATE OF WASHINGTON

UBI Number: 603082617

**ARTICLES OF INCORPORATION**  
Chapter 24.03 RCW

**ARTICLE 1**

**NAME OF CORPORATION:**

The Drunk Driving Prevention Program

*(MAY NOT contain any of the following designations or abbreviations of: Corporation, Company, Incorporated, Limited, Limited Partnership, Limited Liability Company, or Limited Liability Partnership. If one of the prohibited designations is used, it will be removed when processed.)*

**ARTICLE 2**

**EFFECTIVE DATE OF INCORPORATION:** *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: 10 February 2011 *(Specified effective date must be within 90 days AFTER the Articles of Incorporation have been filed by the Office of the Secretary of State)*

**ARTICLE 3**

**TENURE:** *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence \_\_\_\_\_ *(Number of years or date of termination)*

**ARTICLE 4**

**PURPOSE FOR WHICH THE NONPROFIT IS ORGANIZED:** *(if necessary, attach additional information)*

See Attached

**ARTICLE 5**

**IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS**

**FOLLOWS:** *(if necessary, attach additional information)* See Attached

ARTICLE 6

NAME AND ADDRESS OF EACH INITIAL DIRECTOR: (If necessary, attach additional names and addresses)

Name: Brandon Albert Wegner
Address: 2514A Carpenter Rd SE
City: Lacey State: WA Zip Code: 98503

ARTICLE 7

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: Brandon Albert Wegner

Physical Location Address (required):

2514A Carpenter Rd SE
City: Lacey WA Zip Code: 98503

Mailing or Postal Address (optional):

City: WA Zip Code:

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X [Signature] Brandon Albert Wegner 30JAN2011
Signature of Registered Agent Printed Name Date

ARTICLE 8

NAME, ADDRESS AND SIGNATURE OF EACH INCORPORATOR:

(If necessary, attach additional names, addresses and signatures)

Name: Brandon Albert Wegner
Address: 2514A Carpenter Rd SE
City: Lacey State: WA Zip Code: 98503

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X [Signature] Brandon Albert Wegner / President 30 JAN 2011 (530) 605-1
Signature of Incorporator Printed Name/Title Date Phone

Important note: If your nonprofit organization is currently fundraising, or plans to fundraise from the public, it may also be required to register with the Charities Program of the Secretary of State. Registration with the Charities Program is separate from, and in addition to, filings required under corporate law. Please visit the Charities Program website at www.sos.wa.gov/charities/ to review the registration requirements and forms for Charitable Organizations.

## ARTICLE 4

Section 2: The purpose of this organization is:

- A. The DDPP is soldiers helping soldiers in an effort to combat DUIs. This program is a private Nonprofit Corporation that operates on Joint Base Lewis McChord, WA.
- B. What the DDPP Does:  
The DDPP allows 2 volunteers to drive to the location of any intoxicated participant and drive the participant and the participant's vehicle home safely.
- C. Who is eligible to participate in the DDPP:  
Any active duty military member or dependent stationed at Joint Base Lewis-McChord, WA
- D. Program Cost:  
In most cases the program is free due to charitable contributions from grants and private donors. In some case's the participant may be required to reimburse the volunteer driver .14 cents per mile toward the cost of gas to and from the participant's location. All participants are required to serve as a volunteer driver when scheduled. On average most participants will only be scheduled to serve as a volunteer driver once per year.
- E. Pick up process in detail:
  1. Between the hours of 1730 and 0230 when a Participant who is either an active duty military member or a Dependent has been drinking, their original plan to get home falls through and they need to get home safely the participant would call the DDPP phone number and the on duty DDPP Telephone Operator would take down the participants information and call the on duty Volunteer Driver Escort
  2. The Volunteer Driver Escort will then drive to pick up the on duty POV Volunteer Driver.
  3. The Volunteer Driver Escort will then drive the POV Volunteer Driver to the location of the intoxicated Participant.
  4. The POV Volunteer Driver will PMCS the intoxicated participant's car and drive the intoxicated Participant home in the intoxicated Participant's vehicle, while the Volunteer Driver Escort convoy's behind.
  5. Once the POV Volunteer Driver has dropped off the Participant the Volunteer Driver Escort will drive the POV Volunteer driver back to their residence.
  6. Anyone who wants to be eligible to be picked up by this program would also be required to be a volunteer Phone Operator, volunteer POV Designated Driver, or a Volunteer Driver Escort when scheduled.
  7. Anyone who wants to be eligible to be picked up by this program would have to sign a DDPP contract and liability waiver prior to using this program stating they understand and agree to the processes both as a participant and volunteer.

8. The DDPP would not transport from further than 20 miles from Joint Base Lewis-McChord.

9. The DDPP operates in full compliance with AR 210-22

**Section 3:**

The Purpose of the DDPP is to reduce DUIs on Joint Base Lewis-McChord by creating a volunteer program that will allow volunteers to bring any Intoxicated Service Member or Dependent over the age of 21, and their Vehicle home safely.

Said nonprofit corporation is organized exclusively for charitable, purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE 5**

**IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS:**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

In case of dissolution of the organization, whatever funds are contained in the treasury at the time will be used to satisfy any outstanding debts, liabilities, or obligations. The balance of these assets shall be distributed to one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

**ARTICLE 6**

**NAME AND ADDRESS OF EACH INITIAL DIRECTOR:**

Name:

Gilard, Marco

Address:

5930 Mimika Ave

City St. Louis State MO Zip Code 63147

Name:

Wegner, Shanon

Address:

2514A Carpenter Rd SE

City Lacey State WA Zip Code 98503

Name:

Madsen, Michael

Address:

1230 Bingham Ave

City Idaho Falls State ID Zip Code 86402

**ARTICLE 8**

**NAME, ADDRESS AND SIGNATURE OF EACH INCORPORATOR:**

Name:

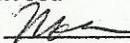
Gilard, Marco

Address:

5930 Mimika Ave

City St Louis State MO Zip Code 63147

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X  Gilard, Marco / Vice President 30 JAN 2011 (314) 910-0028  
Signature of Incorporator Printed Name/Title Date Phone

Name:

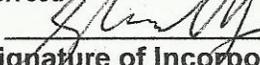
Wegner, Shanon

Address:

2514A Carpenter Rd Se

City Lacey State WA Zip Code 98503

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X  Wegner, Shanon / Treasurer 30 JAN 2011 (831) 345-8147  
Signature of Incorporator Printed Name/Title Date Phone

Name:

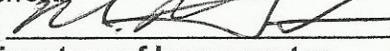
Madsen, Michael

Address:

1230 Bingham Ave

City Idaho Falls State ID Zip Code 83402

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X  Madsen, Michael / Secretary 30 JAN 2011 (208) 569-8054  
Signature of Incorporator Printed Name/Title Date Phone

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF INCORPORATION**

to

**THE DRUNK DRIVING PREVENTION PROGRAM**

a/an WA Non-Profit Corporation. Charter documents are effective on the date indicated below.

Date: 2/8/2011

UBI Number: 603-082-617

APPID: 1950420



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State



STATE OF WASHINGTON SECRETARY OF STATE

Charitable Solicitations RCW 19.09

Check all that apply:

- Initial Registration \$60.00
Renewal \$40.00
Late Fee \$50.00
Re-Registration - See Instructions
Expedited Service - If checked, add \$50.00 (optional)

This Box For Office Use Only

02/08/11 1888843-002
\$50.00 R #582022\_297185371:
id: 2044040

02/08/11 1888845-001
\$50.00 M #305844
id: 2044040

REGISTRATION NUMBER: (1-5 digits)

Need your registration number?
Search http://www.sos.wa.gov/charities/search.aspx

CHARITABLE SOLICITATIONS REGISTRATION / RENEWAL FORM

Complete entire form or type "N/A" if not applicable and check boxes where indicated. See attached detailed Instructions

SECTION 1

LEGAL NAME OF THE CHARITABLE ORGANIZATION:

The Drunk Driving Prevention Program

OTHER NAME(S) THE ORGANIZATION USES TO SOLICIT CONTRIBUTIONS (AKA's) (if different than above)

DDPP, Drunk Driving Prevention Program

Does the organization use a PMB or PO Box as its Mailing Address? If so, a Street Address is required below.

MAILING ADDRESS

2514A Carpenter Rd SE

STREET ADDRESS (if none, provide City & State below)

2514A Carpenter Rd SE

CITY Lacey

CITY Lacey

STATE WA ZIP CODE 98503

STATE WA ZIP CODE 98503

PHONE (530) 605-8607 FAX (360) 489-0524 (WA) COUNTY Thurston

EMAIL DDPP@ddpp.us WEBSITE https://www.ddpp.us/

SECTION 2

ORGANIZATIONAL STRUCTURE / TYPE: (check one - see instructions)

[X] WA STATE NONPROFIT CORPORATION [ ] FOREIGN CORPORATION (outside WA State) State of formation

[ ] ASSOCIATION [ ] NO STRUCTURE [ ] OTHER (describe)

FULL DATE ESTABLISHED/INCORPORATED (mm/dd/yyyy) 02/10/2011

UNIFIED BUSINESS IDENTIFIER (UBI) (nine digits) 603082617 Need your UBI number? Search www.sos.wa.gov/corps/corps\_search.aspx

**SECTION 3****FEDERAL TAX INFORMATION:** (see instructions)FEDERAL EIN/TAX ID # (nine digits) 27-4711798FEDERAL TAX EXEMPT STATUS (check one)  YES  NO  APPLIED  WILL APPLY  GROUP (see instructions)IF YES, TYPE OF IRS FEDERAL EXEMPTION (check one)  501(C) 3  501(C) 4  OTHER \_\_\_\_\_

If exempt from federal tax, but not required to apply for an IRS ruling/determination, check reason below:

 Church/church affiliated  Government entity  Annual gross receipts normally \$5,000 or less

Has the organization's federal tax-exempt status changed since its last filing with the Charities Program?

 YES  NO If yes, enclose a copy of the organization's **IRS Determination Letter**.**SECTION 4****BRIEFLY DESCRIBE THE PURPOSE OF THE ORGANIZATION:** (100 words or less)

To reduce the number of DUIs on Joint Base Lewis-McChord by creating a volunteer program that will allow volunteers to bring any Intoxicated Service Member or Dependent over the age of 21, and their Vehicle home safely.

**SECTION 5****NEW ENTITIES AND / OR FIRST TIME FILERS ONLY:**

Required information and enclosures

1. If federal tax-exempt status has been granted, enclose a copy of the organization's **IRS Determination Letter**
2. **Specific Beneficiaries** – enclose a list of names and addresses of specific named beneficiaries, if any, to whom assets will be distributed in the event of dissolution
3. **PROJECTED END DATE OF ACCT YEAR** 01/31/2012 (mm/dd/yyyy)  
(Provide only if organization has not completed first acct year)
4. **Firefighter, Police or Sheriff Organizations** – enclose written authorization, signed by two officials from a bona fide firefighter, police or sheriff's department, if your organization uses "police", "sheriff", firefighter", "firemen" or a similar name during solicitations
5. **Veterans Service Organizations** – enclose written authorization, signed by the highest ranking official in Washington State of a Federally chartered or nationally recognized military veterans' service organization (as determined by the United States Veterans' Administration), if your organization uses the name of a military veterans' service organization during solicitations

**SECTION 6A**

(New organizations that have not completed first acct year, skip sections 6A, 6B &amp; 6C, and proceed to Section 7)

**DID THE ORGANIZATION FILE AN IRS FEDERAL RETURN FOR THE PRECEDING ACCT YEAR?** YES, CHECK TYPE FORM 990  FORM 990EZ  FORM 990PF  FORM 990-N (e-Postcard)

Continued on page 3

**SECTION 6A (continued)**

**NO, CHECK REASON**

- CHURCH / CHURCH AFFILIATED     GOVERNMENT     ORGANIZATION NOT TAX EXEMPT  
 ANNUAL GROSS RECEIPTS LESS THAN \$25,000     COVERED UNDER GROUP RETURN

**REQUIRED ENCLOSURE FOR PRECEDING ACCT YEAR:**

Enclose a **complete** copy of the IRS federal return (e.g. Form 990, 990-EZ or 990-PF) the organization filed with the IRS for the preceding accounting year, including all applicable Schedules and attachments, except Schedule B/contributors list. A copy of the Form 990-N (e-Postcard) is not required. **Do not** enclose bank statements or annual reports. **Do not staple or bind** federal return or its attachments.

If the organization's IRS federal return is not finished yet, please contact the Charities Program for instructions.



**TIP: Before completing Section 6B below, please review the Suggested Guidelines at [www.sos.wa.gov/assets/charities/SolReportguidelinesfor990990EZ990PF.pdf](http://www.sos.wa.gov/assets/charities/SolReportguidelinesfor990990EZ990PF.pdf)**

**SECTION 6B (REQUIRED)**

**SOLICITATION REPORT FOR PRECEDING ACCOUNTING YEAR:** *(see instructions)*

BEGINNING DATE OF PRECEDING FISCAL / ACCT YEAR      *(mm/dd/yyyy)* \_\_\_\_\_

ENDING DATE OF PRECEDING FISCAL / ACCT YEAR      *(mm/dd/yyyy)* \_\_\_\_\_

- |                                                                                                     |            |
|-----------------------------------------------------------------------------------------------------|------------|
| 1. GROSS DOLLAR VALUE OF ALL CONTRIBUTIONS FROM SOLICITATIONS                                       | \$ _____   |
| 2. GROSS DOLLAR VALUE OF REVENUE FROM ALL OTHER SOURCES                                             | + \$ _____ |
| 3. <b>TOTAL</b> DOLLAR VALUE OF GROSS RECEIPTS                                                      | = \$ _____ |
| 4. GROSS DOLLAR VALUE OF EXPENDITURES FOR PROGRAM SERVICES                                          | \$ _____   |
| 5. GROSS DOLLAR VALUE OF EXPENDITURES FOR ADMIN AND FUNDRAISING                                     | + \$ _____ |
| 6. <b>TOTAL</b> GROSS DOLLAR VALUE OF PROGRAM SERVICES, ADMINISTRATION AND FUNDRAISING EXPENDITURES | = \$ _____ |
| 7. BEGINNING GROSS ASSETS                                                                           | \$ _____   |
| 8. ENDING GROSS ASSETS                                                                              | \$ _____   |

**(OPTIONAL) SOLICITATION COMMENTS** *(if necessary, enclose additional sheet)*

**SECTION 6C**

**TIERED FINANCIAL REPORTING REQUIREMENTS:** *(see instructions)*

THE ORGANIZATION'S ANNUAL GROSS REVENUE AVERAGED OVER LAST THREE ACCT YEARS IS **(check one)**

TIER 1: ONE (1) MILLION DOLLARS OR LESS - If checked, enclose copy of IRS federal return for preceding accounting year.

*Continued on page 4*

**SECTION 6C (continued)**

TIER 2: OVER ONE (1) MILLION DOLLARS AND UP TO (3) MILLION DOLLARS - If checked, was the organization's federal return for the preceding accounting year prepared by a CPA or other professional? *(check one)*

YES - If yes, enclose a complete copy of the IRS federal return for the organization's preceding accounting year prepared by a CPA or other professional.

NO - If no, enclose **unbound**, audited financial statements for the organization's preceding accounting year prepared by an independent Certified Public Accountant (CPA) or government auditing agency (if applicable).

TIER 3: OVER THREE (3) MILLION DOLLARS - If checked, did the organization receive \$500,000 or less in cash contributions averaged over the last three accounting years? *(check one)*

YES *(see instructions)*

NO - If no, enclose **unbound**, audited financial statements for the preceding accounting year prepared by an independent Certified Public Accountant (CPA).

**SECTION 7**

**FINANCIAL CONTACT PERSON WITH EXPENDITURE AUTHORITY:**

NAME Shanon Elaine Wegner PHONE (831) 345 - 8147  
 ADDRESS 2514A Carpenter Rd SE EMAIL shanon.wegner@ddpp.us  
 CITY Lacey STATE WA ZIP CODE 98503

**SECTION 8**

DID THE ORGANIZATION SOLICIT / COLLECT CONTRIBUTIONS IN WA DURING THE ACCT YEAR REPORTED IN SECTION 6B? *(check one)*  YES  NO

**TYPES OF SOLICITATIONS CONDUCTED:** *(check all that apply)*

Entertainment/Special Events  Telephone  Direct Mail  Product Sale  Personal Contact  
 Vehicle Donations  Internet  Email  Combined Fund Drive  Other \_\_\_\_\_

**SECTION 9**

**THREE (CURRENT) OFFICERS OR EMPLOYEES RECEIVING GREATEST COMPENSATION:**

NAME Shanon Elaine Wegner TITLE Treasure / Office Manager  
 NAME N/A TITLE N/A  
 NAME N/A TITLE N/A

**SECTION 10**

**(CURRENT) OFFICERS OR PERSONS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION:**

NAME Brandon Albert Wegner TITLE President  
 ADDRESS 2514A Carpenter Rd SE PHONE (530) 605 - 8607

*Continued on page 5*

**SECTION 10 (continued)**

CITY Lacey STATE WA ZIP CODE 98503

EMAIL brandon.wegner@ddpp.us

NAME Marco Gilard TITLE Vice President

ADDRESS 5930 Mimika Ave PHONE 314-910-0028

CITY St Louis STATE MO ZIP CODE 63147

EMAIL marco.gilard@ddpp.us

NAME Michael Madsen TITLE Secretary

ADDRESS 1230 Bingham Ave PHONE 208-569-8054

CITY Idaho Falls STATE ID ZIP CODE 83402

EMAIL michael.madsen@ddpp.us

*(if necessary, enclose additional sheet)*

**SECTION 11**

**PERSON OR ENTITY THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION:**

ENTITY NAME \_\_\_\_\_

NAME Shanon Elaine Wegner PHONE (831) 345 - 8147

ADDRESS 2514A Carpenter Rd SE EMAIL shanon.wegner@ddpp.us

CITY Lacey STATE WA ZIP CODE 98503

**SECTION 12**

**IS THE ORGANIZATION REGISTERED TO FUNDRAISE OUTSIDE OF WASHINGTON STATE? (check one)**

YES       NO

If yes, list the states where the organization has been registered to solicit contributions in the last 3 years.

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 13**

**HAS THE CHARITABLE ORGANIZATION, OR ANY INDIVIDUAL REQUIRED IN ITS REGISTRATION, BEEN SUBJECT TO ANY LEGAL ACTION IN WHICH A JUDGMENT OR FINAL ORDER WAS ENTERED, OR ACTION IS CURRENTLY PENDING? (check one)**

YES       NO

If yes, enclose a list of legal actions, including the court or other forum, case number, title of legal action, and date of each action.

**SECTION 14**

**COMMERCIAL FUNDRAISERS:**

Does the organization use one or more commercial fundraisers to solicit contributions in WA? *(check one)*

- YES *(if yes, complete the fields below for each contracted and sub-contracted commercial fundraiser)*  
 NO

NAME OF COMPANY \_\_\_\_\_  
 CONTRACT BEGIN DATE *(mm/dd/yyyy)* \_\_\_\_\_ END DATE *(mm/dd/yyyy)* \_\_\_\_\_  
 CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Does the commercial fundraiser have authority to expend funds and / or incur obligations on behalf of the charitable organization? *(check one)*

- YES  NO

*(if necessary, enclose additional sheet)*

**SECTION 15**

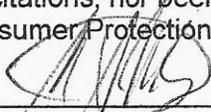
**ALTERNATE ADDRESS(S):**

If the organization, or a commercial fundraiser operating on its behalf, uses any other mailing, street, electronic or internet address(s) *(excluding those already listed in Section 1)* to conduct solicitations in Washington State, then you **must** enclose a list of the other address(s) used.

**SECTION 16**

**SIGNATURE:**

By signing this application for Registration / Renewal, the applicant (a) certifies that the information contained in the Registration/Renewal, and its enclosures, are accurate and true to the best of the applicants knowledge; (b) irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (c) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X		Brandon Albert Wegner / President	30/JAN/2011	(530) 605 - 8607
	<b>Signature of Applicant</b>	<b>Printed Name / Title</b>	<b>Date</b>	<b>Phone</b>

*This form must be **signed** and **dated** by the organization's President, Treasurer or a comparable officer (see instructions).*

**ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW**

**Make payable to:** "Secretary of State"

**Mail to:** Secretary of State, Charities Program, PO Box 40234, 801 Capitol Way S Olympia, WA 98504-0234



**IMPORTANT:** Mail renewal forms so they are *received* on or before the organization's due date.



THE DRUNK DRIVING PREVENTION PROGRAM  
2524 CARPENTER RD SE APT A  
LACEY WA 98503-3902

DETACH BEFORE POSTING

004172



STATE OF  
WASHINGTON

**MASTER LICENSE SERVICE**  
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400  
**REGISTRATIONS AND LICENSES**

Unified Business ID #: 603 082 617  
Business ID #: 1  
Location: 1

THE DRUNK DRIVING PREVENTION PROGRAM  
2524 CARPENTER RD SE APT A  
LACEY WA 98503 3902

TAX REGISTRATION



The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Elizabeth A. Luce*  
Director, Department of Licensing

EXPIRATION DATE

PROGRAM

FOLD HERE

FOLD HERE



ing

ALLET

# REGISTRATIONS AND LICENSES

STATE OF WASHINGTON

Unified Business ID #: 603 082 617  
Business ID #: 1  
Location: 1

THE DRUNK DRIVING PREVENTION PROGRAM  
2514 CARPENTER RD SE APT A  
LACEY WA 98503 3901

TAX REGISTRATION



The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Elizabeth A. Luce*  
Director, Department of Licensing

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FOLD HERE



STATE OF WASHINGTON  
EXPIRATION DATE

603 082 617 1 1

THE DRUNK DRIVING PREVENTION PROGRAM  
2514 CARPENTER RD SE APT A  
LACEY WA 98503 3901

TAX REGISTRATION

*Elizabeth A. Luce*  
Director, Department of Licensing

DETACH THIS SECTION FOR YOUR WALLET