



Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

- BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 6, 9, 10, 11. Items 7 and 8 are optional.)
PROFESSIONAL CORPORATION (Complete all Items. Note: Item 8 is optional.)

REGISTRY NUMBER:

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. NAME OF CORPORATION:

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".

2. PRINCIPAL OFFICE: (Must be a physical street address)

Blank lines for Principal Office address

3. REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Blank lines for Registered Agent information

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to registered agent's office.)

Blank lines for Registered Agent's Address

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

Blank lines for Mailing Address

6. NUMBER OF SHARES: (At least one share must be listed.)

Blank line for Number of Shares

7. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:

(PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)

Blank line for Professional Service description

8. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

- BENEFIT COMPANY: The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)
INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.
SEE ATTACHED

9. WHO IS FORMING THIS BUSINESS? (INCORPORATORS)

List names and addresses of each incorporator. Attach a separate sheet if necessary.

Blank lines for Incorporator information

10. INDIVIDUAL WITH DIRECT KNOWLEDGE

List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.

Blank lines for Individual with Direct Knowledge information

11. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Title:

Blank lines for Signature

Blank lines for Printed Name

Blank lines for Title

CONTACT NAME: (To resolve questions with this filing)

Blank line for Contact Name

PHONE NUMBER: (Include area code)

FEES
Required Processing Fee \$100
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.