



Articles of Incorporation - Cooperative

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

REGISTRY NUMBER: _____

For office use only

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.

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

1) **NAME OF COOPERATIVE:** _____

2) **REGISTERED AGENT:** _____

3) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

(Must be an **Oregon Street Address**, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)

4) **MAILING ADDRESS FOR NOTICES:** _____

5) **NUMBER OF DIRECTORS CONSTITUTING THE INITIAL BOARD OF DIRECTORS:** _____

6) **PURPOSE FOR WHICH COOPERATIVE IS ORGANIZED:** _____

7) **CAPITAL STOCK:** (Indicate the number and par value, if any, of shares of each authorized class of stock. If more than one class is authorized, indicate the designation, preferences, limitation, and relative rights of each class.)

8) **MEMBERSHIP STOCK:**

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A. If there is no membership stock, state the amount of the membership fee and the limitations, if any, on the transfer of membership.

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B. If there is membership stock, state the classes of stock and the limitations on transfer, if any, applicable to such stock.

9) **BASIS OF DISTRIBUTION OF ASSETS:** (In the Event of Dissolution or Liquidation.)

10) **OPTIONAL PROVISIONS:** (Please attach a separate sheet.)

11) **NAME AND ADDRESS OF EACH INCORPORATOR:**

12) **EXECUTION:** (All Incorporators must sign.)

By my signature, I declare as an authorized authority, that 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: _____

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

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