

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

	853				
Re	GISTRY NUMBER:				
	For office use only				
n ac	cordance with Oregon Revised Statute 192.410-192.490, the information on this a	oplicat ⁱ	ion is public record.		
Ner	Ve must release this information to all parties upon request and it will be posted on our website. For office use o Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.				
		ary.			
1)	NAME:				
2)	REGISTERED AGENT: (Individual or entity that will accept legal service for this business)	(WILL THE CORPORATION HAVE MEMBERS? YES NO DRS 65.001(28) (a) "Member" means any person or persons entitled, pursuant to a domestic or foreign corporation's articles or bylaws, without regard to what a person is called in the articles or		
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.)	t (by laws, to vote on more than one occasion for the election of a director or directors. b) A person is not a member by virtue of any of the following rights the person has: (A) As a delegate; (B) To designate or appoint a director or directors; (C) As a director; or (D) As a holder of an evidence of indebtedness issued or to be issued by the corporation. 		
4)	Address for Mailing Notices:	r	c) Notwithstanding the provisions of paragraph (a) of this subsection, a person is not a member if the person's membership rights have been eliminated as provided in ORS 65.164 or 65.167.		
		8)	DISTRIBUTION OF ASSETS UPON DISSOLUTION:		
5)	OPTIONAL PROVISIONS: (Attach a separate sheet.)				
6)	TYPE OF CORPORATION: (Select only one)				
	Public Benefit Mutual Benefit Religious				
9)	INCORPORATORS: (List names and addresses of each incorporator. Attach a s Name, Street Address, City, State, & Zip Code	∍parat	e sheet if necessary.)		
10)	Execution/Signature(s): (All Incorporators must sign. Attach a separate sheet if necessary.) 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 N	lame:			

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

PHONE NUMBER: (Include area code.)

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Required Processing Fee \$50

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable. Please make check

Please make check payable to "Corporation Division."

Articles of Incorporation - Nonprofit

To: Business Registry 255 Capitol Street, NE Suite 151 Salem, Oregon 97310-1327	Fax: 503-378-4381				
Method of payment: MasterCard or VISA					
Credit Card Number:					
Expiration Month/year:					
Please provide the following information, in case there are questions concerning	your filing.				
Cardholder Name:					
Billing Address:					
City, State, Zip Code:					
Phone Number:					
Business Name:					
Would you like a Confirmation Copy? Yes (\$5.00 additional charge) No (Stamped Filed Copy) Other Notes or Comments:					

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File online for priority processing!