



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:** _____

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

7) **WILL THE CORPORATION HAVE MEMBERS?** YES NO
ORS 65.001(28)

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.**)

(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 bylaws, 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.
(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.

4) **ADDRESS FOR MAILING NOTICES:**

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 separate sheet if necessary.)

Name, Street Address, City, State, & Zip Code

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 Name:

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

PHONE NUMBER: (Include area code.)

FEES	
Required Processing Fee	\$50
Confirmation Copy (Optional)	\$5
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	

