

Submit the original
and one true copy
\$50.00

Registry Number: _____



Corporation Division - Business Registry
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 378-4381

THIS SPACE FOR OFFICE USE ONLY

ARTICLES OF INCORPORATION

Business Corporation

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

ARTICLE 1: Name of the corporation: _____

Note: The name must contain the word "Corporation", "Company", "Incorporated", or "Limited", or an abbreviation of one of such words.

ARTICLE 2: Number of shares the corporation will have authority to issue: _____

ARTICLE 3: Name of the initial registered agent: _____

Address of initial registered office (must be a street address in Oregon which is identical to the registered agent's business office):

| | | | |
|-------------------|-------|--------|----------|
| _____ | _____ | Oregon | _____ |
| Street and number | City | | Zip code |

Mailing address of registered agent (if different from the registered office):

| | | | |
|-----------------------------|-------|--------|----------|
| _____ | _____ | Oregon | _____ |
| Street and number or PO box | City | | Zip code |

ARTICLE 4: Address where the Division may mail notices: (Attn:) _____

| | | | |
|-----------------------------|-------|-------|----------|
| _____ | _____ | _____ | _____ |
| Street and number or PO box | City | State | Zip code |

ARTICLE 5: Name and address of each incorporator:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLES OF INCORPORATION
BUSINESS CORPORATION

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Name of the corporation: _____

ARTICLE 6: Name and address of each director (optional):

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE 7: Other optional provisions:

| | | | |
|------------|-----------|--------------|--------------------|
| Execution: | _____ | _____ | _____ |
| | Signature | Printed name | Incorporator Title |
| | _____ | _____ | _____ |
| | Signature | Printed name | Incorporator Title |
| | _____ | _____ | _____ |
| | Signature | Printed name | Incorporator Title |
| | _____ | _____ | _____ |

Person to contact about this filing: _____

| | |
|-------|----------------------|
| _____ | _____ |
| Name | Daytime phone number |

MAKE CHECKS PAYABLE TO THE CORPORATION DIVISION OR INCLUDE YOUR VISA OR MASTERCARD NUMBER AND EXPIRATION DATE ____-____-____ / ____ . SUBMIT THE COMPLETED FORM AND FEE TO THE ABOVE ADDRESS OR FAX TO (503) 378-4381.