



Articles of Incorporation - Business/Professional

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

Check the appropriate box below:

BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 8, 9)

PROFESSIONAL CORPORATION
(Complete all items)

REGISTRY NUMBER: _____ **For office use only**

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. 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) **REGISTERED AGENT:**(Individual or entity that will accept legal service for this business)

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) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

5) **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)
INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 60.387 to 60.414.

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

PROFESSIONAL CORPORATION ONLY

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

INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185.

8) **WHO IS FORMING THIS BUSINESS? (INCORPORATORS)** (List names and addresses of each incorporator.) (Attach a separate sheet if necessary.)

9) **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	\$100
Confirmation Copy (Optional)	\$5
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	