



FILED

Received 2/20/10 FEB 11 2010

from Dean Kaufman

OREGON

SECRETARY OF STATE

CONFIRMATION
COPY

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.

For office use only

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

1) NAME: SUNSET MEADOWS ASSOCIATION, INC.

2) REGISTERED AGENT:

(Individual or entity that will accept legal service for this business)

STAN KAMBLI

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.)

1474 FETTERS LP.EUGENE, OR 97402

4) ADDRESS FOR MAILING NOTICES:

1438 1/2 FETTERS LPEUGENE, OR 974025) OPTIONAL PROVISIONS: (Attach a separate sheet.) ☐

6) TYPE OF CORPORATION: (Select only one)

☐ Public Benefit ☒ Mutual Benefit ☐ Religious7) WILL THE CORPORATION HAVE MEMBERS? ☒ YES ☐ NO

ORS 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 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.

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION:

see attachment

9) INCORPORATORS: (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

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

STAN KAMBLI1474 FETTERS LPEUGENE OR 97402

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:

Stan E Kamblly

Printed Name:

Stan E. Kamblly

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

Dean S. Kaufman

PHONE NUMBER: (Include area code.)

541-683-7151

FEES

Required Processing Fee \$50

Confirmation Copy (Optional) \$5

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

8. Distribution of Assets Upon Dissolution:

Upon dissolution, after meeting all obligations required by ORS 65.637(1), remaining assets shall be distributed to the members of if there are no remaining members, to those persons whom the corporation holds itself out as benefiting or serving.

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