



Articles of Validation – Nonprofit/Corporation

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER: _____

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 OF CORPORATION: _____

2) DESCRIPTION OF THE DEFECTIVE CORPORATE ACTION:

3) LIST THE NUMBER, CLASS, SERIES AND DATE OF SHARES CLAIMED AS PART OF THE DEFECTIVE CORPORATE ACTION:

4) DATE OF THE DEFECTIVE ACTION: _____

5) NATURE OF THE FAILURE OF AUTHORIZATION/OVERISSUE: _____

6) NAME AND DATE OF PREVIOUSLY FILED DOCUMENT RELATING TO THE DEFECTIVE CORPORATE ACTION (IF APPLICABLE) Include copy of the document:

7) CHECK ALL APPROPRIATE STATEMENTS:

- ☐ The board of directors ratified the defective corporate action.
- ☐ The shareholders approve the dates of ratification and approval.

8) EXECUTION:

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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:

Title:

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

PHONE NUMBER: (Include area code.)

FEES

Nonprofit Required Processing Fee \$50
Domestic Required Processing Fee \$100

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

Free copies are available at sos.oregon.gov/business using the Business Name Search program.