

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER:				
a accordance with Oregon Revised Statute 192.410-192.490, the information to all parties upon request and it will be		ecord.	For office use	only
lease Type or Print Legibly in <b>Black</b> Ink. Attach Additional Sheet if Ne			. 0. 000 400	<u>,</u>
1. ENTITY NAME:				
2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLE article(s) as it is amended to read. (Attach a separate sheet if no	ES OF INCORPORATION IS ecessary.)	MADE HEREBY: State the an	rticle number(s) and set fort	h the
3. THE AMENDMENT WAS ADOPTED ON: (If more than one amendment was adopted, identify the date of	of adoption of each amendment.)			
4. PLEASE CHECK THE APPROPRIATE STATEMENT:				
Shareholder action was required to adopt the ar The vote was as follows:	nendment(s).			
Class or series of shares  Outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST	]
<ul> <li>Shareholder action was not required to adopt the without shareholder action.</li> <li>The corporation has not issued any shares of sto The amendment(s) was adopted by the Incorporation of Principal Place o</li></ul>	ock. Shareholder action wa rators or by the board of d	s not required to adopt th irectors.	e amendment(s).	
5. Principal Place of Business (Physical Street Address)	List the contro	VIDUAL WITH DIRECT KNo e name and address of at least o Illing shareholder of the corporat knowledge of the operations and	ne individual who is a direct tion or an authorized repres	or, or entative with
7. <b>EXECUTION</b> :  I declare as an authorized signer, under penalty of perjury, to or otherwise misrepresent the identity of the person or any by me and is, to the best of my knowledge and belief true, to be penalized by fines, imprisonment or both.  Signature:	y officers, directors, employee	es or agents of the corporation	n. This filing has been ex cument is against the law	amined
CONTACT NAME: (To resolve questions with this filing)	FEES			
PHONE NUMBER: (Include area code)	Processing Fe	Processing Fee \$100 ees are nonrefundable. Please make one available at sos.oregon.gov/busine		