



Application for Business Trust - Domestic

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: _____

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 OF THE BUSINESS TRUST:** _____

2) **STATE OR COUNTRY OF FORMATION:** _____

3) **NAME AND STREET ADDRESS OF EACH TRUSTEE:**

4) **NAME OF OREGON REGISTERED AGENT:**

5) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

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

7) **THE UNDERSIGNED ENCLOSES A COPY OF THE TRUST INSTRUMENT CREATING THE TRUST.**

8) **EXECUTION:** (By a Formation Agent.)
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
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.