



2015 - Annual Minutes Statement

SHAREHOLDERS, DIRECTORS & OFFICERS

Key Code: OR1001	Notice Date: 11/12/15	Entity #:	Incorporation Date: 7/6/2007
Entity Address:			
21 *****AUTO-3-OCT 972			
		PLEASE RESPOND BY: December 18, 2015	

Corporations Filing Service will prepare & provide, for a fee, corporate consent records in lieu of meeting minutes that fulfill the following requirements of Oregon law:

OREGON REVISED STATUTE §60.771: Corporate records ... "A corporation shall keep as permanent records minutes of all meetings of its shareholders and board of directors ..."

OREGON REVISED STATUTE §60.201: Annual meeting ... "Except as provided in subsection (4) of this section, a corporation shall hold an annual meeting of the shareholders at a time stated in or fixed in accordance with the bylaws."

OREGON REVISED STATUTE §60.337 states that "The board of directors may hold regular or special meetings in or out of this state ..."

Corporate minutes may also be prepared by corporate officers or other agents. Corporations Filing Service is not a government agency and does not have or contract with any government agency to provide this service nor does it fulfill the Oregon Annual Report filing requirement.

Please complete this Annual Minutes Statement and mail the completed form with your check for \$135.00 payable to Corporations Filing Service in the enclosed envelope. If you have any questions please email us at support@corporationsfilingservice.com

Step 1. SHAREHOLDERS - Please List All Shareholders. Shares MUST Total 100%

NAME: _____ %	NAME: _____ %
NAME: _____ %	NAME: _____ %
NAME: _____ %	NAME: _____ %
NAME: _____ %	NAME: _____ %

Step 2. CORPORATE DIRECTORS - Please List All Members Of The Board Of Directors.

NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____
NAME: _____	NAME: _____

Step 3. CORPORATE OFFICERS - Please List All Names & Titles Of Each Officer.

NAME: _____	TITLE: _____	NAME: _____	TITLE: _____
NAME: _____	TITLE: _____	NAME: _____	TITLE: _____
NAME: _____	TITLE: _____	NAME: _____	TITLE: _____
NAME: _____	TITLE: _____	NAME: _____	TITLE: _____

Step 4. CONTACT INFORMATION - Please Provide Contact Info Should Any Questions Arise.

Contact Name: _____	Contact Phone: _____	Contact Email: _____
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Step 5. SIGNATURE & PAYMENT - Please Sign Below & Check Appropriate Payment Method.

<input type="checkbox"/> \$135.00 CHECK OR MONEY ORDER ENCLOSED Please make your check payable to: CORPORATIONS FILING SERVICE 3760 MARKET ST NE SUITE 450 SALEM, OR 97301	*Please allow 2-4 weeks for the full completion of the documents. Forms received without a method of payment will be RETURNED and will delay the preparation of documents!
Signature: _____	Date: _____