

# ARTICLES OF ORGANIZATION



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Apr 08, 2019  
OREGON SECRETARY OF STATE

## REGISTRY NUMBER

154517792

## TYPE

DOMESTIC LIMITED LIABILITY COMPANY

## 1. ENTITY NAME

BGW PARTNERS LLC

## 2. MAILING ADDRESS

975 OAK STREET  
SUITE 800  
EUGENE OR 97401 USA

## 3. PRINCIPAL PLACE OF BUSINESS

1355 GOLDFISH FARM ROAD SE  
ALBANY OR 97321 USA

## 4. NAME & ADDRESS OF REGISTERED AGENT

PATRICIA L CHAPMAN  
  
975 OAK STREET  
SUITE 800  
EUGENE OR 97401 USA

## 5. ORGANIZERS

PATRICIA L CHAPMAN  
  
975 OAK STREET  
SUITE 800  
EUGENE OR 97401 USA

## 6. INDIVIDUALS WITH DIRECT KNOWLEDGE

PATRICIA L CHAPMAN  
  
975 OAK STREET  
SUITE 800  
EUGENE OR 97401 USA

## 7. DURATION

PERPETUAL



## 8. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

## 9. OPTIONAL PROVISIONS

The Limited Liability Company shall indemnify each of its members and managers to the fullest extent permissible under Oregon law, as the same exists or may hereafter be amended, against all liability, loss and costs (including without limitation, attorney fees) incurred or suffered by such person by reason of or arising from the fact that such person is or was a member or manager of, or managing the affairs of, the Limited Liability Company, or is or was serving at the request of the Limited Liability Company as a manager, director, officer, partner, trustee, employee or agent of another foreign or domestic limited liability company, corporation, partnership, joint venture, trust, benefit plan, or other enterprise. By action of the members, the Limited Liability Company may provide indemnification to employees and agents of the Limited Liability Company who are not members or managers. The indemnification provided in this Article shall not be exclusive of any other rights to which any person may be entitled under any statute, bylaw, agreement, resolution of members, contract, or otherwise.

The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 to 63.170.

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

### ELECTRONIC SIGNATURE

#### NAME

PATRICIA L CHAPMAN

#### TITLE

ORGANIZER

#### DATE SIGNED

04-08-2019