9

Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Articles of Organization—Limited Liability Company

FILED
JUN 16 2008
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 527594-96
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, **all information on this form is publicly available, including addresses.** 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 LIMITED LIABILITY COMPANY** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

STEVE BAKER CUTTING, LLC

2) **DURATION** (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☒ Duration shall be perpetual.

3) **NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)**

Steve Baker

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

930 SE McTaggart
Madras, OR 97741

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

P.O. Box 1053
Madras OR 97741

6) **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)**

Steve Baker
930 SE McTaggart
PO Box 1053
Madras, OR 97741

7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

☒ This limited liability company is managed by a single manager.

☐ This limited liability company is managed by multiple manager(s).

8) **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

9) **OPTIONAL PROVISIONS** (Attach a separate sheet if necessary.) ☐

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) **OWNERS (MEMBERS)** (Names and Street address)

Steve Baker
930 SE McTaggart
Madras, OR 97741

11) **MANAGERS (MANAGERS)** (Names and Street address)

Steve Baker
930 SE McTaggart
Madras, OR 97741

12) **EXECUTION/SIGNATURE OF THE PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)** (The title for each signer must be "Organizer.")
By my signature, I declare as an authorized authority, that 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
Steven Lee Baker	Steve Baker	Organizer
		Organizer
		Organizer
		Organizer

FEES

Required Processing Fee $50
Confirmation Copy (Optional) $5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

13) **CONTACT NAME** (To resolve questions with this filing.) Donald V. Reeder

DAYTIME PHONE NUMBER (Include area code.) (541) 475-2272

151 (Rev. 8/07) [redacted]

[redacted]

[redacted]

6/16