288/429 $50

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 Incorporation—Nonprofit

FILED
SEP 13 2010
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 713951-99
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:** EAL

2) **REGISTERED AGENT**
DIAMOND RESEARCH

3) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an **Oregon Street Address**, which is identical to the registered agent's business office. Must include city, state, zip; No PO boxes.)
16055 SW WALKER RD., SUITE 178
BEAVERTON, OR 97006

4) **ADDRESS FOR MAILING NOTICES**
PO BOX 127
PORTLAND, OR 97207

5) **OPTIONAL PROVISIONS** (Attach a separate sheet.)

6) **TYPE OF CORPORATION** (Select only one)
☐ Public Benefit ☐ Mutual Benefit ☒ Religious

7) **WILL THE CORPORATION HAVE MEMBERS?** ☐ YES ☒ NO
ORS 65.001(28)
(a) "Member" means any person or persons entitled, pursuant to a domestic or foreign corporation's articles or bylaws, without regard to what a person is called in the articles or bylaws, to vote on more than one occasion for the election of a director or directors.
(b) A person is not a member by virtue of any of the following rights the person has:
(A) As a delegate;
(B) To designate or appoint a director or directors;
(C) As a director; or
(D) As a holder of an evidence of indebtedness issued or to be issued by the corporation.
(c) Notwithstanding the provisions of paragraph (a) of this subsection, a person is not a member if the person's membership rights have been eliminated as provided in ORS 65.164 or 65.167.

8) **DISTRIBUTION OF ASSETS UPON DISSOLUTION**
WARNER PACIFIC COLLEGE

9) **INCORPORATORS** (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
DEBBIE BAYS-HOWER; 16055 SW WALKER RD, BEAVERTON OR 97006

10) **EXECUTION** (All incorporators must sign. Attach a separate sheet if necessary.)
Signature
Printed Name
DEBBIE BAYS-HOWER

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

Processing Fees are nonrefundable.
Please make check payable to "Corporation Division."
NOTE:

11) **CONTACT NAME** (To resolve questions with this filing.)
DEBBIE BAYS-HOWER

DAYTIME PHONE NUMBER
503-524-4927

EAL

71395199-12122227 NEWINC

112 (Rev. 01/06)