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

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

Articles of Incorporation—Business/Professional

Check the appropriate box below:

☒ BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 7, 9, 10, 11)

☐ PROFESSIONAL CORPORATION
(Complete all items)

For office use only

FILED

NOV 13 1997

OREGON
SECRETARY OF STATE

Registry Number: 603968-85

Attach Additional Sheet if Necessary
Please Type or Print Legibly in **Black** Ink

1) **NAME** P-S SQUARED, INC.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation," "Company," "Incorporated," or "Limited," or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation," or abbreviations thereof, i.e., "P.C.," or "Prof. Corp."

☐ CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

2) **REGISTERED AGENT**
MICHELE PAOLETTI-SCHELP

3) **ADDRESS OF REGISTERED AGENT** (Must be an **Oregon Street Address** which is identical to the registered agent's business office. Must include city, state, zip; no PO Boxes.)
2625 SE HAWTHORNE BLVD
PORTLAND, OR 97214

4) **MAILING ADDRESS OF REGISTERED AGENT** (Address, city, state, zip)
2625 SE HAWTHORNE BLVD
PORTLAND, OR 97214

5) **ADDRESS FOR MAILING NOTICES**
SAME AS #3 AND #4.

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

7) **NUMBER OF SHARES THE CORPORATION WILL HAVE THE AUTHORITY TO ISSUE** 510 - MICHELE PAOLETTI-SCHELP
1,000 : 490 - JOHANN PAOLETTI-SCHELP

PROFESSIONAL CORPORATION ONLY

8) **PROFESSIONAL/BUSINESS SERVICES** (List professional service(s) and other business services to be rendered.)

9) **INCORPORATORS** (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

MICHELE PAOLETTI-SCHELP
2625 SE HAWTHORNE BLVD
PORTLAND, OR 97214

JOHANN PAOLETTI-SCHELP
2625 SE HAWTHORNE BLVD
PORTLAND, OR 97214

10) **EXECUTION** (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name	Signature
MICHELE PAOLETTI-SCHELP	Michele Paoletti-Schelp
JOHANN PAOLETTI-SCHELP	Johann Paoletti-Schelp

11) **CONTACT NAME** MICHELE PAOLETTI-SCHELP

DAYTIME PHONE NUMBER (503) 236-3656

FEES

Business Corporation	$ 50
Professional Corporation	$ 40

Make check payable to "Corporation Division."

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

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11-13-97