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Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sa

FILED: DEC 2, 2025
OREGON SECRETARY OF STATE

249834490-28504063

REGISTRY NUMBER: 249834490

CLEARWATERARC LLC **NEWORG**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is p
We must release this information to all parties upon request and it will be posted on our website.

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.")

CLEARWATERARC LLC

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

(●) Duration shall be perpetual.

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

3. **PRINCIPAL OFFICE:** (Must be a physical street address)

708 SE Davis St
McMinnville, OR 97128

4. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)

C T CORPORATION SYSTEM

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

780 Commercial St SE, Suite 100, Salem OR 97301

6. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

PO BOX 4566, SALEM, OR 97302

7. **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

(●) This LLC will be member-managed by one or more members.

( ) This LLC will be manager-managed by one or more managers.

8. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:** ORS 58.015(5)(m)

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

BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)

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

SEE ATTACHED

10. **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (ORGANIZER)

NICHOLAS HANSON
PO BOX 4566, SALEM, OR 97302

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES **(MAY BE REQUIRED BY YOUR BANK)**

11. **OWNERS: (MEMBERS)** (Names and Addresses)

NICHOLAS HANSON
PO BOX 4566, SALEM, OR 97302

12. **MANAGERS: (MANAGERS)** (Names and Addresses)

13. **INDIVIDUAL WITH DIRECT KNOWLEDGE** (Name and Address)
List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

NICHOLAS HANSON
PO BOX 4566, SALEM, OR 97302

14. **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (Organizer)

I declare as an authorized signer, 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 members, managers, employees or agents of the limited liability company. 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:
DocuSigned by: Nicholas Hanson D4B25E174EB44F6...	NICHOLAS HANSON	Member

CONTACT NAME: (To resolve questions with this filing)

Tavis M. Crocker

PHONE NUMBER: (Include area code)

(503) 585-4422

FEES

Required Processing Fee $100

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

Free copies are available at sos.oregon.gov/business using the Business Name Search program.