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#185

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

# Articles of Incorporation—Business/Professional

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

**Check the appropriate box below:**

☑ BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 8, 9, 10)

☐ PROFESSIONAL CORPORATION
**(Complete all items)**

**FILED**
JUL 18 2006
OREGON
SECRETARY OF STATE
For office use only

**REGISTRY NUMBER:** 3728399
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.

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

1) **NAME:** UniJoy, 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."

2) **REGISTERED AGENT**
Judy Bouton

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.)
12675 SW Trigger Dr.
Beaverton, OR 97008-7729

4) **ADDRESS FOR MAILING NOTICES**
12675 SW Trigger Dr.
Beaverton, OR 97008-7729

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

6) **NUMBER OF SHARES** (At least one share must be listed.)
100

## Professional Corporation Only

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

8) **INCORPORATORS** (List names and addresses of each incorporator.) (Attach a separate sheet if necessary.)
Judy W. Bouton
12675 SW Trigger Dr.
Beaverton, OR 97008-7729

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

Signature: Judy Bouton
Printed Name: Judy W. Bouton

**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.

10) **CONTACT NAME** (To resolve questions with this filing.)
Judy W. Bouton

**DAYTIME PHONE NUMBER** (Include area code.)
503-914-6514

7/18