Tax # 02

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

Articles of Organization—Limited Liability Company

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

FILED
DEC 22 2004
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 258806-91

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** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

JEMIKK PROPERTIES, 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 INITIAL REGISTERED AGENT**

KAREN Y. LEE

4) **ADDRESS OF THE INITIAL REGISTERED AGENT**
(Must be an **OREGON** Street Address, which is identical to the registered agent's business office.)

3519 NW 177TH AVE
PORTLAND, OR 97229

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

3519 NW 177TH AVE
PORTLAND, OR 97229

6) **NAME AND ADDRESS OF EACH ORGANIZER**

KAREN Y. LEE
3519 NW 177TH AVE
PORTLAND, OR 97229

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 PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

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

10) **EXECUTION** (The title for each signer must be "Organizer.")

Signature	Printed Name	Title
	KAREN Y. LEE	Organizer 12/22/04
		Organizer
		Organizer

11) **CONTACT NAME** (To resolve questions with this filing.)

KAREN Y. LEE

DAYTIME PHONE NUMBER (Include area code.)

503-680-2671

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.