554/130

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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
NOV 04 2004
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 249143-97

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: WILLIAM H. BROWN PC

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
WILLIAM H BROWN

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.)
WILLIAM H BROWN
28561 LITTLE PINE RD.
CANYON CITY OR 97820

4) ADDRESS FOR MAILING NOTICES
WILLIAM H BROWN
PO BOX 631
CANYON CITY OR 97820

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) NUMBER OF SHARES (The Corporation will have the authority to issue.)
100

Professional Corporation Only

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

8) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
WILLIAM H BROWN
PO BOX 631
CANYON CITY OR 97820

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

Signature	Printed Name
William H. Brown	WILLIAM H BROWN

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10) CONTACT NAME (To resolve questions with this filing.) — DAYTIME PHONE NUMBER (Include area code.)
ONE WILL BROWN — 541 575 2121

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.

DF 11/4