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Articles of Conversion - Business Entities

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Effective Date:
Effective Time:

FILED: FEB 3, 2026
OREGON SECRETARY OF STATE

59418484-28779054

REGISTRY NUMBER: 594184-84

INTEGRATED POWER SYSTEMS,... **CNV**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. 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 Business Entity Prior to Conversion:** INTEGRATED POWER SYSTEMS, INC.
2. **Type of Business Entity Prior to Conversion:** Domestic Business Corporation
3. **Name of Business Entity After Conversion:** INTEGRATED POWER SYSTEMS, LLC
4. **Type of Business Entity After Conversion:** Domestic Limited Liability Company
5. **Will the converted entity have continued existence in Oregon?** Yes ☑ No ☐ **If yes, section 8 is required.**
6. **If no, where will the jurisdiction be?** _____
7. **Select one of the following:**
   - ☐ A copy of the plan of conversion is attached.
   - ☑ Address where the plan of conversion is on file.

   Address 17643 Pilkington Road

   City Lake Oswego State OR Zip Code 97035

A copy will be provided upon request to any owner, member or shareholder at no cost. Each party (as specified by the statute) to the conversion obtained authorization and approval in accordance with the statutes that govern the business entity.

8. **Provide additional information required for the new entity type. Attach the appropriate articles or application of authority (if the entity will have continued existence in Oregon) for the new business type. Forms can be found at https://sos.oregon.gov/business/Pages/business-registration-forms.aspx (Required)**

9. **Execution:** (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, a general partner for a limited partnership, or a partner for a limited liability partnership.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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:**
Jim Consolo EE106B300BD14A8...	Jim Consolo	President

CONTACT NAME: (To resolve questions with this filing)
Dora Kinner

PHONE NUMBER: (Include area code)
503-222-1812

FEES	
Domestic Required Processing Fee	$100
Foreign Required Processing Fee	$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Access a free copy of this form after filing at https://sos.oregon.gov/business/Pages/find.aspx

Docusign Envelope ID: DBD6572B-B3C6-42D0-84DD-DD79E96CB839

Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Effective Date: February 1, 2026
Effective Time: 12:01 am, February 1, 2026

Print Form

Reset Form

REGISTRY NUMBER: 594184-84

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 OF LIMITED LIABILITY COMPANY:** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Integrated Power Systems, 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)

17643 Pilkington Road
Lake Oswego, OR 97035

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

Martha Consolo

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

13984 SW Aerie Drive
Tigard, OR 97223

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

17643 Pilkington Road
Lake Oswego, OR 97035

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)

N/A

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)

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)

Crystal M. Hutchens
1030 SW Morrison Street
Portland, OR 97205

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

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

Jim Consolo
13984 SW Aerie Drive
Tigard, OR 97223

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

Jim Consolo
13984 SW Aerie Drive
Tigard, OR 97223

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.

Jim Consolo
13984 SW Aerie Drive
Tigard, OR 97223

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.

DocuSigned by: Jim Consolo
EE106B300BD14A8...

PRINTED NAME:	TITLE:
Jim Consolo	Manager

CONTACT NAME: (To resolve questions with this filing)

Dora Kinner

PHONE NUMBER: (Include area code)

503-222-1812

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.