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

Change of Registered Agent/Address—Corporations/LLC

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

Check the appropriate box below:

☑ CHANGE OF AGENT AND ADDRESS
(Complete only 1, 2, 3, 4, 5, 6, 11)

☐ CHANGE OF ADDRESS ONLY
(Complete only 1, 7, 8, 9, 10, 11)

FILED

NOV 10 2003

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 019060-98

NOTE: Use this form for Cooperatives or Business Trusts.

In keeping with Oregon Statute 192.410-192.595, the information on the application is public record. We must release this information to all parties upon request and it may be posted on our website.

For office use only

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

1) ENTITY NAME KII Properties, LLC

CHANGE OF REGISTERED AGENT AND OFFICE

2) THE REGISTERED AGENT HAS BEEN CHANGED TO:
Gary K. Knight

3) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

4) ADDRESS OF THE NEW REGISTERED OFFICE (Must be an OREGON Street Address which is identical to the registered agent's business office.)
29862 E. Enid Road
Eugene, OR 97402

5) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

6) EXECUTION
(Must be signed by one corporate officer or director for a corporation or a member/manager for a limited liability company.)

Signature: Gary K. Knight
Printed Name: Gary K. Knight
Title: Manager

CHANGE OF REGISTERED AGENT'S BUSINESS OFFICE ONLY

7) NEW ADDRESS OF REGISTERED AGENT (The business address of the registered agent has changed to the following OREGON Street Address.)

8) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

9) NOTIFICATION
☐ The corporation has been notified in writing of this change.

10) EXECUTION
(Must be signed by the registered agent or a corporate officer or director for a corporation or a member/manager for a limited liability company.)

Signature:
Printed Name:
Title:

11) CONTACT NAME (To resolve questions with this filing.) Michael P. Kearney, Attorney at Law

DAYTIME PHONE NUMBER (Include area code.) (541) 485-8888

FEES
No Processing Fee

131 (Rev. 10/03)

CW 11-10