APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Mar 10, 2010
OREGON SECRETARY OF STATE

REGISTRY NUMBER

67180092

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

SAR

BUSINESS ACTIVITY

ACTIVITIES RELATED TO REAL ESTATE, OTHER

PRINCIPAL PLACE OF BUSINESS

16081 SE EVELYN ST.
CLACKAMAS OR 97015 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

SCOTT A REYNOLDS

PO BOX 1311
CLACKAMAS OR 97015 USA

REGISTRANT/OWNER

SCOTT A REYNOLDS

9792 SE PLOVER DR.
HAPPY VALLEY OR 97086 USA

COUNTIES

CLACKAMAS

By my signature, I declare as an authorized authority, that 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

SCOTT A REYNOLDS