Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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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.")
BANCROFT PROPERTIES II, LLC

2) **DURATION:** (Please check one.)
☐ Latest date upon which the Limited Liability Company is to dissolve is _____
☒ Duration shall be perpetual.

3) **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)
JOHN H. HEALD

4) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)
201 B AVE., SUITE 220
LAKE OSWEGO, OR 97034

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**
201 B AVE., SUITE 220
LAKE OSWEGO, OR 97034

6) **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)**
JOHN H. HEALD
201 B AVE., SUITE 220
LAKE OSWEGO, OR 97034

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:**

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

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) **OWNERS: (MEMBERS)** (Names and Street address)

11) **MANAGERS: (MANAGERS)** (Names and Street address)

12) **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (Organizer) (The title for each signer must be "Organizer.")
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.

Signature:	Printed Name:	Title:
John H. Heald	JOHN H. HEALD	Organizer
		Organizer
		Organizer

CONTACT NAME: (To resolve questions with this filing.)
JOHN H. HEALD

PHONE NUMBER: (Include area code.)
503-594-2884

FEES
BANCROFT PROPERTIES II, LLC
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