APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
May 15, 2018
OREGON SECRETARY OF STATE

REGISTRY NUMBER

144028891

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

ARTHUR ACADEMY

BUSINESS ACTIVITY

CHARTER SCHOOL

PRINCIPAL PLACE OF BUSINESS

13717 SE DIVISION
PORTLAND OR 97236 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

71488986 - MASTERY LEARNING INSTITUTE

13717 SE DIVISION
PORTLAND OR 97236 USA

REGISTRANT/OWNER

71488986 - MASTERY LEARNING INSTITUTE

13717 SE DIVISION
PORTLAND OR 97236 USA

COUNTIES

CLATSOP, MARION, MULTNOMAH

I declare as an authorized signer, 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

NAME

JILL DOMINE

TITLE

REGISTRANT

DATE SIGNED

05-15-2018