ARTICLES OF ORGANIZATION

Corporation Division
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E-FILED
Sep 18, 2018
OREGON SECRETARY OF STATE

REGISTRY NUMBER

147803597

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

MOOR LLC

2. MAILING ADDRESS

2026 PACIFIC AVE
FOREST GROVE OR 97116 USA

3. PRINCIPAL PLACE OF BUSINESS

5505 NW MARSH RD
FOREST GROVE OR 97116 USA

4. NAME & ADDRESS OF REGISTERED AGENT

STEPHANIE LOMMEN

2026 PACIFIC AVE
FOREST GROVE OR 97116 USA

5. ORGANIZERS

STEPHANIE M LOMMEN

2026 PACIFIC AVE
FOREST GROVE OR 97116 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

KIMBERLY B POST

5505 NW MARSH RD
FOREST GROVE OR 97116 USA

7. INITIAL MEMBERS/MANAGERS

MEMBER

KIMBERLY B POST

5505 NW MARSH RD
FOREST GROVE OR 97116 USA

MEMBER

GARY A POST

5505 NW MARSH RD
FOREST GROVE OR 97116 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

10. OPTIONAL PROVISIONS

Limitation of Liability and Indemnity.

(1) Limitation of Liability and Indemnity. To the fullest extent authorized by the Laws of Oregon, no member (or manager if applicable) shall be liable to the LLC or its members for monetary damages for conduct as a member or manager.

(2) Indemnification. To the fullest extent authorized by the Laws of Oregon and in accordance with the LLC's Operating Agreement, the LLC shall indemnify the LLC's members, managers, agents and employees against liability incurred in any proceeding to which such member, manager, agent or employee was made a party because he or she was a member, manager, agent, or employee of the LLC.

(3) To the fullest extent authorized by the Laws of Oregon, the LLC shall advance expenses to a member, manager, agent or employee who is a party to a proceeding because he or she was a member, manager, agent or employee of the LLC.

Amendment. The Articles of Organization may be modified, amended or repealed in any respect by action taken at any meeting of the members or by action without meeting.

The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 to 63.170.

I declare, 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 officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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

STEPHANIE M LOMMEN

TITLE

ORGANIZER

DATE SIGNED

09-18-2018