Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

JAN 23 2019

OREGON SECRETARY OF STATE
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REGISTRY NUMBER: 1510358-97

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

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.")
   TRU FORM LLC

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

3. **PRINCIPAL OFFICE:** (Must be a physical street address)
   1030 TYLER ST #12
   EUGENE OR 97402

4. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)
   JED B CARROLL

5. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** **(Must be an Oregon Street Address,** which is identical to the registered agent's office.)
   4988 FOX HOLLOW
   EUGENE OR 97405

6. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**
   1030 TYLER ST #12
   EUGENE OR 97402

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:** ORS 58.015(5)(m)

9. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)
   - ○ BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)
   - ☑ INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.
   - ○ SEE ATTACHED

10. **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (ORGANIZER)
    JED B CARROLL 4988 FOX HOLLOW EUGENE OR
    MALIA SCHULTHEIS 4988 FOX HOLLOW EUGENE OR
    JON R CARROLL 1390 BARBER DR EUGENE OR

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)

11. **OWNERS: (MEMBERS)** (Names and Addresses)
    JED B CARROLL 4988 FOX HOLLOW
    MALIA SCHULTHEIS 4988 FOX HOLLOW
    JON R CARROLL 1390 BARBER DR

12. **MANAGERS: (MANAGERS)** (Names and Addresses)
    JED B CARROLL 4988 FOX HOLLOW
    MALIA SCHULTHEIS 4988 FOX HOLLOW

13. **INDIVIDUAL WITH DIRECT KNOWLEDGE** (Name and Address)
    List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.
    JED B CARROLL

14. **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS:** (Organizer)

I declare as an authorized signer, 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 members, managers, employees or agents of the limited liability company. 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:
	JED B CARROLL	MEMBER
	MALIA SCHULTHEIS	MEMBER

CONTACT NAME: (To resolve questions with this filing)
541-787-8707
PHONE NUMBER: (Include area code)
LAURA PEARSON

TRU FORM LLC

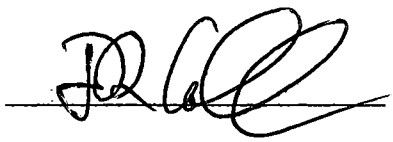
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14. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS (con't)



Jon R Carroll Member