Registry No. 272948-83

FILED
FEB 28 2019
OREGON
SECRETARY OF STATE

ARTICLES OF CONVERSION
MODA, INC.

ARTICLE 1
Name and Type of Business Entity Before Conversion

The name and type of business entity before conversion is Moda, Inc. (the "Converting Entity"), an Oregon corporation.

ARTICLE 2
Name and Type of Business Entity After Conversion

The name and type of business entity after conversion will be Moda Partners, Inc. (the "Corporation"), a Delaware corporation.

ARTICLE 3
Plan of Conversion

The Plan of Conversion (the "Plan") is on file at the Corporation's offices located at 601 SW Second Avenue 24th Floor, Portland, OR 97204. The Corporation will provide any owner with a copy of the Plan upon request and at no cost. The Plan was approved in accordance with ORS 60.474(1).

ARTICLE 4
Execution

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 officers, directors, employees or agents of the corporation. 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.

Dated: February 27, 2019.

MODA, INC.

By: _____
Thomas J. Bikales, Secretary

Person to contact about this filing: Claire Brown, (503) 802-5731

MODA PARTNERS, INC.

27294883-19828710 CNV

Application for Authority to Transact Business - Business/Professional

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

Check the appropriate box below:

☒ FOREIGN BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

☐ FOREIGN PROFESSIONAL CORPORATION
(Complete all items)

REGISTRY NUMBER: 272948-83
For office use only

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. For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME OF CORPORATION:** Moda Partners, Inc.

NOTE: Must be identical to the name of record in home jurisdiction.

2) **REGISTRY NUMBER IN HOME JURISDICTION**

OR: **CERTIFICATE OF EXISTENCE** ☑ **(ATTACHED)**
(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) **DATE OF INCORPORATION:** **DURATION, IF NOT PERPETUAL:**

4) **STATE OR COUNTRY OF ORGANIZATION:**
Delaware

5) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:**
(Address, city, state, zip)
601 SW Second Ave
Portland, OR 97204

6) **NAME OF OREGON REGISTERED AGENT:**
Thomas J. Bikales

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an **Oregon Street Address** which is identical to the registered agent's business office.)
Moda Tower, 601 SW Second Ave 24th Floor
Portland, OR 97204

8) **ADDRESS FOR MAILING NOTICES:**
Moda Tower
601 SW Second Ave 24th Floor
Portland, OR 97204

9) **NAME AND ADDRESS OF PRESIDENT AND SECRETARY:**
President: Robert G. Gootee
Address: 601 SW Second Ave
Portland, OR 97204

Secretary: Thomas J. Bikales
Address: 601 SW Second Ave
Portland, OR 97204

PROFESSIONAL CORPORATION ONLY

10) **PROFESSIONAL/BUSINESS SERVICES:** (List professional service(s) and other business services, if applicable, to be rendered.)

11) **EXECUTION:** (Must be signed by at least one officer or director.)
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 officers, directors, employees or agents of the corporation. 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:
Thomas J Bikales	Thomas J. Bikales	Secretary

CONTACT NAME: (To resolve questions with this filing.)
Claire Brown

PHONE NUMBER: (Please include area code.)
(503) 802-5731

FEES

Required Processing Fee $275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business, using the Business Name Search program.