



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151

Articles of Organization - Limited Liability Company

FILED: JUN 24, 2024

OREGON SECRETARY OF STATE



228034195-26393482

ROSTTRA TRANSMISSIONS LLC

NEWORG

REGISTRY NUMBER: 228034195

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application
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.")

Rosttra Transmissions 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)

3255 Fisher Rd NE
Salem, OR 97305

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

Jason Alexis Soto

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

3255 Fisher Rd NE
Salem, OR 97305

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

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)

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:

Jason Alexis Soto

TITLE:

mechanic

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

503 877 7830

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FEES

Required Processing Fee \$100

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.