

Ref# 09



Phone: (503) 986-2200  
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

FILED

SEP 30 2005

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER:

314295-90

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** (Must contain the words "Limited Liability Company" or the abbreviations LLC or L.L.C.)

Apogee Construction, LLC

2) **DURATION** (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is \_\_\_\_\_

Duration shall be perpetual.

3) **NAME OF THE INITIAL REGISTERED AGENT**

Randy Semingson

4) **ADDRESS OF THE INITIAL REGISTERED AGENT**

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

405 NW 341st Ave  
Hillsboro, OR 97124

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

\*\*\*\*Same\*\*\*\*

6) **NAME AND ADDRESS OF EACH ORGANIZER**

Randy Semingson

405 NW 341st Ave

Hillsboro, OR 97124

Brian Van Dyke

3767 SW Heavy 47

Forest Grove, OR 97116

7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

8) **IF RENDERING A PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

9) **OPTIONAL PROVISIONS** (Attach a separate sheet if necessary.)

10) **EXECUTION** (The title for each signer must be "Organizer.")  
Signature

Printed Name

Randy Semingson

Brian Van Dyke

Title

Organizer

Organizer

Organizer

1009/30/05

11) **CONTACT NAME** (To resolve questions with this filing.)

Randy Semingson

**DAYTIME PHONE NUMBER** (Include area code.)

503/314-6200

**FEES**

Required Processing Fee: \$50      Confirmation Copy (Optional) \$5  
Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.