



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

© BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 8, 9. Item 7 is optional

PROFESSIONAL CORPORATION (Complete all Items. Note: Item 7 is optional.)



REGISTRY	NUMBER:

MAR 1 3 2015

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.

OREGON

For office use only

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

SECRETARY OF STATE

1. NAME OF CORPORATION: Brothers Trucking

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".

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

NADEZHOA SAKALY

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

Sweall

ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

5. NUMBER OF SHARES: (At least one share must be listed.)

IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: (PROFESSIONAL CORPORATION ONLY)

7. OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

BENEFIT COMPANY: The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)

CINDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.

SEE ATTACHED

8-WHO IS FORMING THIS BUSINESS? (INCORPORATORS) (List names and addresses of each incorporator.) (Attach a separate sheet if necessary.)

9. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

By my signature, I declare as an authorized authority, that 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:

Pavel Sakaly

TRUCKING INC



FEES

Required Processing Fee

\$100

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

Free copies are available at FilingInOregon.com using the Business Name Search program.