



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 265 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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AUG 25 2015

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REGISTRY NUMBER:

1140034-94

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In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. 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.")

19202 RIVER ROAD, LLC

2) DURATION: (Please check one.)

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

Duration shall be perpetual.

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

JOHN H. HEALD

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

201 B AVE., SUITE 220

LAKE OSWEGO, OR 97034

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

201 B AVE., SUITE 220

LAKE OSWEGO, OR 97034

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)

JOHN H. HEALD

201 B AVE., SUITE 220

LAKE OSWEGO, OR 97034

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:

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

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS: (MEMBERS) (Names and Street address)

11) MANAGERS: (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer) (The title for each signer must be "Organizer.")

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:

*John H. Heald*

Printed Name:

JOHN H. HEALD

Title:

Organizer

Organizer

Organizer

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

JOHN H. HEALD

PHONE NUMBER: (Include area code.)

503-594-2884

FEES

19202 RIVER ROAD, LLC



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