



Corporation/Limited Liability Company - Information Change

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

FILED

OCT 29 2015

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

Complete only the sections that you are updating.

REGISTRY NUMBER: 761430-81

ENTITY TYPE: [X] DOMESTIC [] FOREIGN

OREGON

SECRETARY OF STATE

Print Form

Reset Form

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 OR LIMITED LIABILITY COMPANY:

LTS Properties LLC

2. PRINCIPAL PLACE OF BUSINESS: (Street Address)

7130 E. Saddleback St. #22

Mesa, Arizona 85207

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

P.O. Box 1741

LAKE OSWEGO, OR. 97035

3. THE REGISTERED AGENT HAS BEEN CHANGED TO:

Nicole M. Smith

6. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

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

9500 SW Barbur Blvd. #300

Portland, Oregon 97219

7. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

The entity has been notified in writing of this change.

NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Corporations list the name and address of the President and Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315). Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787).

8. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Street address)

Chilberg Community Property Trust dtd 11/19/08

7130 E. Saddleback St. #22

Mesa, Arizona 85207

9. SECRETARY OR MANAGER(S): (Names and Street address)

10. EXECUTION: By my signature, I declare as an authorized signer, 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:

Chris W. Chilberg, Linda S. Chilberg

PRINTED NAME:

Chris Chilberg / Linda Chilberg

TITLE:

Co-Trustees

CONTACT NAME: (To resolve questions with this filing)

Alan M. Laster

PHONE NUMBER: (Include area code)

503-226-7321

Information Change (01/15)

LTS PROPERTIES LLC



76143081-16500723

AAR