



FILED

FEB 24 2016

REGISTRY NUMBER: 1191550-91

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

OREGON

For office use only

SECRETARY OF STATE

1. NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Prism, LLC

2. DURATION: (Please check one.)

Duration shall be perpetual.

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

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

Evashevski, Elliott, Cihak & Hediger, P.C.

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

745 NW Van Buren Avenue  
Corvallis, OR 97330

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

PO Box 781

Corvallis, OR 97339

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

Patrick Fahey

PO Box 5021

Grants Pass, OR 97527

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 5B.015(5)(m))

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

BENEFIT COMPANY: The Limited Liability Company is a benefit company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013. (additional requirements apply)

INDEMNIFICATION: The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.

SEE ATTACHED

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (May be required by your bank)

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

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

12. 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:

PRINTED NAME:

TITLE:

Patrick Fahey

Patrick Fahey

Organizer

CONTACT NAME: (To resolve questions with this filing)

Steven L. Adkins

PHONE NUMBER: (Include area code)

541.754.0303

PRISM, LLC



119155091-16802464

NEWORG