



Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200 Fax: (503) 378-4381 Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary.

REGISTRY NUMBER: 92203190

ENTITY TYPE: [X] DOMESTIC [ ] FOREIGN

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.

FILED JUL 20 2017

Print Form Reset Form

For office use only

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

OREGON SECRETARY OF STATE

Baseline Woods West, LLC

Complete only the sections that you are updating.

2. BUSINESS ACTIVITY

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

703 Broadway Street, Suite 510

Vancouver, WA 98660

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

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

8. 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.

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

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

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

Corporations list the name and address of one President and one 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). Please attach a separate sheet of paper if needed. If making changes to this section, list all current names and addresses. This replaces what is currently on the record.

PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)

SECRETARY OR MANAGER(S): (Names and Addresses)

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:

Cinda Embree

PRINTED NAME:

Cinda Embree

TITLE:

Project Accountant

CONTACT NAME: (To resolve questions with this filing)

Cinda Embree

PHONE NUMBER: (Include area code)

360-695-7700

BASELINE WOODS WEST, L.L.C.



92203190-18175457

AAR