

ARTICLES OF ORGANIZATION



Corporation Division
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E-FILED
Aug 03, 2018
OREGON SECRETARY OF STATE

REGISTRY NUMBER

146491097

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

TRUECARE HOMES, LLC

2. MAILING ADDRESS

1863 BURNT HILL RD S
SALEM OR 97302 USA

3. PRINCIPAL PLACE OF BUSINESS

3360 CAMELLIA DRIVE SOUTH
SALEM OR 97302 USA

4. NAME & ADDRESS OF REGISTERED AGENT

DENNIS K TRUEBLOOD

1863 BURNT HILL RD S
SALEM OR 97302 USA

5. ORGANIZERS

DENNIS K TRUEBLOOD

1863 BURNT HILL RD S
SALEM OR 97302 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

DENNIS K TRUEBLOOD

1863 BURNT HILL RD S
SALEM OR 97302 USA

7. DURATION

PERPETUAL

8. MANAGEMENT

This Limited Liability Company will be member-managed by one or more members

9. PROFESSIONAL SERVICES

OtherLicensedProfessionperORS58.015(5)



10. OPTIONAL PROVISIONS

Only one owner/shreholder at this time.

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

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

DENNIS K TRUEBLOOD

TITLE

OWNER

DATE SIGNED

08-03-2018