



Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 265 Capitol St. NE, Suite 161 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

☒ BUSINESS CORPORATION (Complete items 1, 2, 3, 4, 5, 6, 9 and 12. Items 7, 8, 10 and 11 are optional.)☐ PROFESSIONAL CORPORATION (Complete all items. Note: Item 8, 10 and 11 are optional.)REGISTRY NUMBER: 1605538-98

FILED

OCT 15 2019

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.

OREGON
SECRETARY OF STATE

1. NAME OF CORPORATION: STAMPER INDUSTRIES INC.

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or "Prof. Corp".

2. PRINCIPAL OFFICE: (Must be a physical street address)

720 NW Second Street, Suite 2Corvallis, OR 97330

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

United States Corporation Agents, Inc.

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

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

2951 NW Division Street Ste 110Gresham, OR 97030

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

2951 NW Division Street Ste 110Gresham, OR 97030

6. NUMBER OF SHARES: (At least one share must be listed.)

10

7. IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED: (PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)

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

☐ BENEFIT COMPANY: The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)☒ INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.☐ SEE ATTACHED

13. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

I declare as an authorized signer, 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, directors, employees or agents of the corporation. 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:

CHEYENNE MOSELEY,

Title:

ORGANIZERASSISTANT SECRETARY

REC

STAMPER INDUSTRIES INC.

CONTACT NAME: (To resolve questions with this filing) PHONE NUMBER: (Include area code)



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