

ARTICLES OF ORGANIZATION



Corporation Division
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E-FILED
Mar 23, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

165734097

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

1. ENTITY NAME

DEPOE EXCAVATION, LLC

2. MAILING ADDRESS

ATTN PAUL J TAYLOR
591 SW MILL VIEW WAY
BEND OR 97702 USA

3. PRINCIPAL PLACE OF BUSINESS

910 NE KING WAY
REDMOND OR 97756 USA

4. NAME & ADDRESS OF REGISTERED AGENT

33241498 - MILL VIEW PROFESSIONAL SERVICES, INC.

ATTN PAUL J TAYLOR
591 SW MILL VIEW WAY
BEND OR 97702 USA

5. ORGANIZERS

CHRIS VAN DER VELDE

61240 SKYLINE RANCH RD
BEND OR 97702 USA

6. INDIVIDUALS WITH DIRECT KNOWLEDGE

JERRY LOVEDAY

910 NE KING WAY
REDMOND OR 97756 USA

7. INITIAL MEMBERS/MANAGERS

MANAGER

JERRY LOVEDAY

910 NE KING WAY
REDMOND OR 97756 USA



MANAGER

CHRIS VAN DER VELDE

61240 SKYLINE RANCH RD
BEND OR 97702 USA

8. DURATION

PERPETUAL

9. MANAGEMENT

This Limited Liability Company will be manager-managed by one or more managers

10. OPTIONAL PROVISIONS

To the fullest extent the Oregon Limited Liability Company Act, as it exists on the effective date of these articles or may later be amended, permits the limitation or elimination of liability of members and managers, a member or manager will not be liable to the Company or the other members for monetary damages for conduct as a member or manager. Any amendment to or repeal of this Article will not adversely affect any right or protection of a member or manager for or with respect to any acts or omissions of such member or manager occurring prior to such amendment or repeal.

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

CHRIS VAN DER VELDE

TITLE

ORGANIZER

DATE SIGNED

03-21-2020