



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Amendment/Dissolution—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

- ARTICLES OF AMENDMENT
(Complete only 1, 2, 3, 6, 7)
- ARTICLES OF DISSOLUTION
(Complete only 4, 5, 6, 7)

FILED

FEB 19 2009

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 578680-94

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.

ARTICLES OF AMENDMENT ONLY

1) ENTITY NAME

Lightbox Photographic

2) THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY. (State the article number(s) and set forth the article(s) as it is amended to read.)

Michael B. Granger to be added as a member

1045 Marine Dr. Astoria Oregon 97103

In filing this form on 2/10/09 I did not properly list myself as a member in lightbox photographic.
Please amend to make Michael B. Granger a member along with Chelsea V. Granger

3) PLEASE CHECK THE APPROPRIATE STATEMENT

This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: _____

This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).

Date of adoption of each amendment: 2/12/09

ARTICLES OF DISSOLUTION ONLY

4) NAME OF LIMITED LIABILITY COMPANY _____

5) DATE OF DISSOLUTION _____

6) EXECUTION (Must be signed by at least one member or manager.)

Signature

Michael B. Granger
Chelsea V. Granger

Printed Name

Michael B. Granger

Chelsea V. Granger

Title

owner

owner

7) CONTACT NAME (To resolve questions with this filing.)

Michael B. Granger

DAYTIME PHONE NUMBER (Include area code.)

503-314-7635

FEEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$6
No Fee for Member/Manager Change Only
Processing Fees are nonrefundable.
Please make check payable to
"Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.



57868094-10818572