

Phone: (503) 986-2200
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Articles of Organization—Limited Liability Company

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

FILED

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OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

413764-98

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In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. 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.

1) NAME OF LIMITED LIABILITY COMPANY (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Barbara Kollmar LLC

2) DURATION (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is _____

Duration shall be perpetual.

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)

Barbara Kollmar

1909 Westlake Loop

Newberg, OR 97132

3) NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)

Barbara Kollmar

7) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

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

307 E 2nd St

Newberg, OR 97132

8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

Counseling

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

Same

9) OPTIONAL PROVISIONS (Attach a separate sheet if necessary.)

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS (MEMBERS) (Names and Street address)

Barbara Kollmar

1909 Westlake loop

Newberg, OR 97132

11) MANAGERS (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER) (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, 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

Barbara Kollmar

Printed Name

Barbara Kollmar

Title

Organizer

Organizer

Organizer

Organizer

FEES

Required Processing Fee
Confirmation Copy (Optional)

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

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

Barbara Kollmar

DAYTIME PHONE NUI

503-989-1567



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