



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

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

Articles of Organization—Limited Liability Company

FILED

JUL 16 2008

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER:

534283-98

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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.")

Bailey Estates Bend LLC

- 2) **DURATION** (Please check one.)

☐ Latest date upon which the Limited Liability Company is to  
dissolve is \_\_\_\_\_

☒ Duration shall be perpetual.

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

DBN Administrative Services LLC

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

2260 McGilchrist Street SE

Salem, OR 97302

- 5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

2260 McGilchrist Street SE

Salem, OR 97302

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

Suzanne Magee

2260 McGilchrist Street SE

Salem, OR 97302

- 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).

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

- 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)

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

Premier Management Services Corp.

9310 NE Vancouver Mall Drive Suite 200

Vancouver, WA 98662

- 12) **EXECUTION/SIGNATURE OF THE 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

*Suzanne Magee*

Printed Name

Suzanne Magee

Title

Organizer

Organizer

Organizer

Organizer

**FEES**

Required Processing Fee \$50  
Confirmation Copy (Optional) \$5

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.

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

Suzanne Magee

**DAYTIME PHONE NUMBER** (Include area code.)

(503) 586-7308