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Phone: (503) 986-2200
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Articles of Incorporation—Nonprofit

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

FILED

DEC 22 2009

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 651941-94
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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.

1) NAME: Wheatherstone, a Condominium, Property Owners Association

2) REGISTERED AGENT
A. Richard Vial

3) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS (Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO boxes.)
7000 SW Varns Street
Portland, OR 97223

4) ADDRESS FOR MAILING NOTICES
7000 SW Varns Street
Portland, OR 97223

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) TYPE OF CORPORATION (Select only one)
 Public Benefit Mutual Benefit Religious

7) WILL THE CORPORATION HAVE MEMBERS? YES NO
ORS 65.001(28)
(a) "Member" means any person or persons entitled, pursuant to a domestic or foreign corporation's articles or bylaws, without regard to what a person is called in the articles or bylaws, to vote on more than one occasion for the election of a director or directors.
(b) A person is not a member by virtue of any of the following rights the person has:
(A) As a delegate;
(B) To designate or appoint a director or directors;
(C) As a director; or
(D) As a holder of an evidence of indebtedness issued or to be issued by the corporation.
(c) Notwithstanding the provisions of paragraph (a) of this subsection, a person is not a member if the person's membership rights have been eliminated as provided in ORS 65.164 or 65.167.

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION
As provided for in the Declaration of Unit Ownership of Wheatherstone, a Condominium.

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
NAME, STREET ADDRESS, CITY/STATE/ZIP
Christopher M. Tingey
Vial Fotheringham LLP
7000 SW Varns Street
Portland, OR 97223

10) EXECUTION/SIGNATURE(S) (All incorporators must sign. Attach a separate sheet if necessary.)
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
Christopher M. Tingey

Printed Name
Christopher M. Tingey

11) CONTACT NAME (To resolve questions with this filing.)
Sara Gaines

DAYTIME PHONE NUMBER (include area code.)
503-684-4111

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.	

WHEATHERSTONE, A CONDOMINIUM, P

