



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

Articles of Incorporation—Nonprofit

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

REGISTRY NUMBER: _____
 For office use only

In accordance with Oregon Revised Statute 182.410-192.490, 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: Jackson Oaks Neighborhood Common and Open Space Maintenance Association

2) REGISTERED AGENT
Bret A. Moore

3) ADDRESS OF REGISTERED AGENT
 (Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; no PO boxes.)
798 Silver Creek Drive
Central Point OR 97502

4) ADDRESS FOR MAILING NOTICES
PO Box 3577
Central Point OR 97502

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
To members pro-rata based on contributions

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
Bret A. Moore, 798 Silver Creek Dr, Central Point OR 97502

10) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)
 Signature: [Signature] Printed Name: Bret A. Moore

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.	

11) CONTACT NAME (To resolve questions with this filing.) Bret A. Moore
 DAYTIME PHONE NUMBER (Include area code) 541-665-5401