



Phone: (503) 986-2200
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Articles of Amendment—Business/Professional/Nonprofit

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

Check the appropriate box below:

- BUSINESS/PROFESSIONAL CORPORATION**
 (Complete only 1, 2, 3, 4, 6, 7)
- NONPROFIT CORPORATION**
 (Complete only 1, 2, 3, 5, 6, 7)

REGISTRY NUMBER: _____

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**.

1) **ENTITY NAME:** _____

2) **STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ.** (Attach a separate sheet if necessary.)

3) **THE AMENDMENT WAS ADOPTED ON:** _____
 (If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) **CHECK THE APPROPRIATE STATEMENT**

Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

- Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.
- The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the Incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) **CHECK THE APPROPRIATE STATEMENT**

- Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.
- Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6) **EXECUTION**

Signature	Printed Name	Title
_____	_____	_____

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

DAYTIME PHONE NUMBER (Include area code.)

FEES	
Required Processing Fee	\$50
Confirmation Copy (Optional)	\$5
No Fee for Nonprofit Type Change	
No Fee for President/Secretary Change	
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.	