

Submit the original
and one true copy
\$20.00

Registry Number:

445278-85



Corporation Division - Business Registry
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 378-4381

THIS SPACE FOR OFFICE USE ONLY

FILED

FEB 25 1995

SECRETARY OF STATE

ARTICLES OF INCORPORATION Nonprofit Corporation

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

ARTICLE 1: Name of the corporation: Oceanside Estates Homeowners Association, Inc.

ARTICLE 2: Type of corporation (check one only):

- Public benefit
 Mutual benefit
 Religious

ARTICLE 3: Name of the initial registered agent: John C. Babin

Residence or office address of registered agent (must be a street address in Oregon):

517 Chetco Avenue, Brookings, Oregon 97415
Street and number City Zip code

ARTICLE 4: Principal office address:

517 Chetco Avenue, Brookings, Oregon 97415
Street and number City State Zip code

ARTICLE 5: Indicate if corporation will have members:

- Yes
 No

ARTICLE 6: Distribution of assets on dissolution or final liquidation:

Dissolution and final liquidation shall be in accordance with applicable provisions of ORS 65.621 et seq., unless the bylaws of the corporation, as may be amended from time to time, provide for a more strict procedure.

ARTICLES OF INCORPORATION
NONPROFIT CORPORATION

2001 2 5 837

Page 2 STATE OF OREGON

Name of corporation: Oceanside Estates Homeowners Association, Inc.

ARTICLE 7: Name and address of each director is optional.
(If the corporation is a public benefit, you must list three or more directors and their addresses below.)

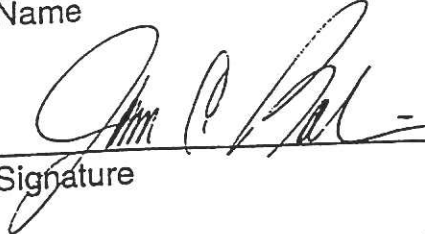
ARTICLE 8: Each director named has consented to this appointment.

ARTICLE 9: Optional provisions:

ARTICLE 10: Name and address of the incorporator:

John C. Babin
Name

P.O. Box 1600
Brookings, OR 97415
Address

Execution:  John C. Babin Incorporator
Signature Printed name Title

Person to contact about this filing: John C. Babin (503) 469-5331
Name Daytime phone number

MAKE CHECKS PAYABLE TO THE CORPORATION DIVISION OR INCLUDE YOUR VISA OR MASTERCARD NUMBER AND EXPIRATION DATE _____. SUBMIT THE COMPLETED FORM AND FEE TO THE ABOVE ADDRESS OR FAX TO (503) 378-4381.