



Phone: (503) 686-2200  
Fax: (503) 378-4381  
Secretary of State  
Corporation Division  
256 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
Filings@Oregon.com

Articles of Incorporation—Nonprofit

FILED

JUN 27 2008

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER: 530445-91  
For office use only

In accordance with Oregon Revised Statute 192.410-192.480, 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: RIDGECREST CONDOMINIUM OWNERS' ASSOCIATION

2) REGISTERED AGENT

Shapiro & Hockley Realty, Inc.

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 the state and zip codes.)

3835 SW Kelly Ave.  
Portland, OR 97209

4) ADDRESS FOR MAILING NOTICES

3835 SW Kelly Ave.  
Portland, OR 97209

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

ORG 65.001(78)  
(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;  
(C) To designate or appoint a director or directors;  
(D) As a director; or  
(E) As a holder of an evidence of indebtedness issued or to be issued by the corporation.  
(C) Notwithstanding the provisions of paragraph (B) 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

OWNERS

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

NAME, STREET ADDRESS, CITY/STATE/ZIP see 2nd page  
44 Eagle Crest  
Lake Oswego, OR 97305

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  
[Handwritten Signature]  
[Handwritten Signature]  
Faith Partridge  
[Handwritten Signature]

Printed Name  
Greg Owens  
Abbi Kiewit  
Faith Partridge  
Suzanne Colson

11) CONTACT NAME (To receive questions with this filing)  
Meghan Morre

DAYTIME PHONE NUMBER (include area code)  
503-222-3800 ext. 372

10) continued  
[Handwritten Signature]  
[Handwritten Signature]

[Handwritten Signature]  
[Handwritten Signature]

FEES	
Required Processing Fee	\$90
Car/Airplane Copy (Optional)	\$5
Processing Fees are non-refundable.	
Please make check payable to "Corporation Division."	
NOTES	
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.	