



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

JUN 24 2003

**OREGON
 SECRETARY OF STATE**

REGISTRY NUMBER: 156963-96

In keeping with Oregon Statute 192.410-192.595, the information on the application is public record. We must release this information to all parties upon request and it may be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) **NAME:** Capitol Hill Homeowners' Association

2) **REGISTERED AGENT** # 477910-86
Excelsior Property Management, Inc.

8) **DISTRIBUTION OF ASSETS UPON DISSOLUTION**

To be disbursed to the unit owners and their mortgages in the same proportions as the respective undivided interests of the unit owners in the general common elements

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.)
4 Monroe Parkway Suite G
Lake Oswego, OR 97035

4) **ADDRESS FOR MAILING NOTICES**
Same

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

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

Capitol Hills Homeowners' Association
Gayle Haberman, 6835 SW Capitol Hill Rd # 29
Pam Vanderveer, 6815 SW Capitol Hill Rd # 11
Kathy Sunseri, 6815 SW Capitol Hill Rd # 10

10) **EXECUTION** (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name
Gayle Haberman, Secretary
Pam Vanderveer, President
Kathy Sunseri, Treasurer

Signature
X [Signature]
X [Signature]
X [Signature]

FEES

Required Processing Fee \$20
 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.)

Trevor Kitchen

DAYTIME PHONE NUMBER (Include area code.)

503-699-5427

[Handwritten signature]
 6/24