



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone:(503)986-2200  
Fax:(503)378-4381  
www.filinginoregon.com

*governing document*

Registry Number: 360318-96

Type: DOMESTIC NONPROFIT CORPORATION

Next Renewal Date: 05/16/2007

WARRENTON TRAILS ASSOCIATION  
PO BOX 969  
WARRENTON OR 97146

### Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200. Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

#### Document

ARTICLES OF INCORPORATION

Filed On  
05/16/2006

Jurisdiction  
OREGON

Nonprofit Type  
PUBLIC BENEFIT WITH  
MEMBERS

#### Name

WARRENTON TRAILS ASSOCIATION

#### Registered Agent

BARRY V SMITH  
729 FIFTH AVE  
HAMMOND OR 97121

#### Mailing Address

PO BOX 969  
WARRENTON OR 97146

RECEIVED

MAY 04 2007

DEPARTMENT OF JUSTICE  
PORTLAND LEGAL

RACGAM  
ACK



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

*governing document*

**FILED**  
**MAY 16 2006**  
**OREGON**  
**SECRETARY OF STATE**

REGISTRY NUMBER: 360318-96  
For office use only

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. Attach Additional Sheet if Necessary.

1) NAME: WARRENTON TRAILS ASSOCIATION

2) REGISTERED AGENT

BARRY V. SMITH

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 city, state, zip; No PO boxes.)

729 FIFTH AVE.

HAMMOND, OR 97121

4) ADDRESS FOR MAILING NOTICES

PO BOX 969

WARRENTON, OR 97146

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

SEE ATTACHED

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

JAMES SCHELLER 32607 TURLAY LANE, WARRENTON, OR 97146

FRIDA FRAUNFELDER PO BOX 247, WARRENTON, OR 97146

BARRY V. SMITH 729 FIFTH AVE, HAMMOND, OR 97121

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

Signature

x [Signature] Scheller  
x [Signature] Fraunfelder  
x [Signature] Smith

Printed Name

JAMES SCHELLER

FRIDA FRAUNFELDER

BARRY V. SMITH

11) CONTACT NAME (To resolve questions with this filing.)

BARRY V. SMITH

DAYTIME PHONE NUMBER (Include area code.)

503-861-2913

**FEES**

Required Processing Fee 100

Confirmation Copy (Optional) 100

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.

5-16  
M