



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

FILED

JAN 14 2009

**OREGON
 SECRETARY OF STATE**

**CONFIRMATION
 COPY**

REGISTRY NUMBER: 571867-94
 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:** Wallowa Valley Soccer Association

2) **REGISTERED AGENT**

Sophia Millar

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.**)

69498 Sherrod Road, Wallowa, OR 97885

4) **ADDRESS FOR MAILING NOTICES**

69498 Sherrod Road, Wallowa, OR 97885

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**

All assets remaining after payment

of debts shall be turned over to another non-profit

supporting youth in Wallowa County.

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

NAME, STREET ADDRESS, CITY/STATE/ZIP

Sophia Millar, 69498 Sherrod Road, Wallowa, OR 97885

Nils Christoffersen, 82124 Black Marble Lane, Enterprise, OR 97828

Amy Wellens, 403 Holmes Street, Wallowa, OR 97885

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

Printed Name

Sophia Millar
Amy Wellens

NILS D. CHRISTOFFERSEN

Sophia Millar

Amy V Wellens

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

Sophia Millar

DAYTIME PHONE NUMBER (Include area code.)

(541) 886-4035

FEES

Required Processing Fee \$50
 Confirmation Copy (Optional) \$5

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.