Articles of Incorporation—Nonprofit

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

REGISTRATION NUMBER: 179712-92

In keeping with Oregon Statute 152.410-192.595, 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.

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

1) NAME: Sabin Community Association

2) REGISTERED AGENT

Betty Walker

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. )

3124 NE 94th Ave,
Portland, OR 97212

4) ADDRESS FOR MAILING NOTICES

Sabin Community Association
4815 NE 9th Ave
Portland, OR 97211

5) OPTIONAL PROVISIONS (attach a separate sheet)

6) TYPE OF CORPORATION (Select only one)

☐ Public Benefit ☐ Mutual Benefit ☐ Religious ☑ No

7) WILL THE CORPORATION HAVE MEMBERS? ☐ YES ☑ NO

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION

Payment of any outstanding bills (i.e. newsletter printing bills) and the rest would be returned to the Northeast Coalition of Neighborhoods (NECN) 4815 NE 9th Ave, Portland OR 97211.

(We do not wish to dissolve at this time)

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

Phil Phifer, President, 4624 NE 94th Ave 97212 Portland
Fred Smith, Vice Pres, 3726 NE 15th Ave, Portland 97212
George Karlson, Treasurer, 4626 NE 9th Ave Portland 97212
Betty Walker, Secretary, 3124 NE 19th Ave, Portland 97212

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

Printed Name: George Karlson, Signature: George Karlson

Betty Walker, Signature: Betty Walker

Phil Phifer, Signature: Phil Phifer

Fred Smith, Signature: Fred Smith

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

Betty Walker

DAYTIME PHONE NUMBER (Include area code.)

(503) 281-1768

FEES

Required Processing Fee: $20

Processing Fee is 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.

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