



Phone: (503) 986-2200
Fax: (803) 378-4381

Articles of Incorporation—Nonprofit

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

FILED

OCT 23 2003
OREGON
SECRETARY OF STAT

REGISTRY NUMBER: 179712-92

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: Sabin Community Association

2) REGISTERED AGENT
Betty Walker

3) DISTRIBUTION OF ASSETS UPON DISSOLUTION

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 17th Ave,
Portland, OR 97212

Payment of any
outstanding bills (ie. Newsletter
printing bills) and the
rest would be returned to
the Northeast Coalition of
Neighborhoods (NECN)
4815 NE 17th Ave, Portland
OR 97211.

4) ADDRESS FOR MAILING NOTICES
Sabin Community Association
4815 NE 17th Avenue
Portland, OR 97211

6) TYPE OF CORPORATION (Select only one)
 Public Benefit Mutual Benefit Religious

(We do not wish to dissolve
at this time)

7) WILL THE CORPORATION HAVE MEMBERS? Yes No

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
Phil Phifer, President, 4621 NE 16th Ave 97212 Portland
Fred Smith, Vice Pres, 3728 NE 15th Ave Portland 97212
George Karlson, Treasurer, 4525 NE 20th Ave Portland 97212
Betty Walker, Secretary, 3124 NE 17th Ave Portland 97212

10) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)
Printed Name GEORGE KARLSON Signature George Karlson
Betty Walker Betty Walker
Phil Phifer Phil Phifer
Fred Smith FRED SMITH

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.) Betty Walker
DAYTIME PHONE NUMBER (include area code.) (503) 281-1768

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