



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

Registry Number: 615059-97
Type: DOMESTIC LIMITED LIABILITY COMPANY

Next Renewal Date: 07/10/2010

JCK ENTERPRISES, LLC
686 E BROADWAY
EUGENE OR 97401

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 ORGANIZATION

Filed On
07/10/2009

Jurisdiction
OREGON

Name

JCK ENTERPRISES, LLC

Registered Agent

GERRY GAYDOS
440 E BROADWAY #300
EUGENE OR 97401

Mailing Address

686 E BROADWAY
EUGENE OR 97401

Member

JOSEPH C KARCHER
686 E BROADWAY
EUGENE OR 97401

Jul-09-09 10:18

From: GAYDOS CHURNISIDE AND BALTHROP

+541-343-1599

T-880 P.03/04 F-247



Phone: (503) 888-2200
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Secretary of State
Corporation Division
250 Capitol St. NE, Suite 161
Salem, OR 97310-1327
FilingInOregon.com

731 #110 (SS)
Articles of Organization - Limited Liability Company

FILED

JUL 10 2009

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

615039-97

For office use only

In accordance with Oregon Revised Statute 182.410-182.480, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

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

For office use only

1) NAME OF LIMITED LIABILITY COMPANY (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

JCK Enterprises, LLC

2) DURATION (Please check one)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☒ Duration shall be perpetual.

3) NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)

Gerry Gaydos

4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

440 East Broadway, Suite 300

Eugene, OR 97401

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

686 East Broadway

Eugene, OR 97401

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)

Gerry Gaydos

440 East Broadway, Suite 300

Eugene, OR 97401

7) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

☐ This limited liability company is managed by a single manager.

☐ This limited liability company is managed by multiple manager(s).

8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

9) OPTIONAL PROVISIONS (Attach a separate sheet if necessary.) ☒

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS (MEMBERS) (Names and Street address)

Joseph C. Karcher

686 East Broadway

Eugene, OR 97401

11) MANAGERS (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF THE PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER) (The title for each signer must be "Organizer.")
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

Gerry Gaydos

Title

Organizer

Organizer

Organizer

FEES

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

Processing Fee are refundable.

Please make check payable to
"Corporation Division"

13) CONTACT NAME (To receive questions with this filing)

Gerry Gaydos

DAYTIME PHONE NUMBER (If)

541-343-8080

JCK ENTERPRISES, LLC



615039-97

ARTICLE 9**9. Optional Provisions.**

9.1 Member Liability. No member of this L.L.C. shall be personally liable to the L.L.C. or its members for monetary damages for conduct as a member; provided this article shall not eliminate the liability of a member for any act or omission for which such elimination of liability is not permitted under The Oregon Limited Liability Company Act (the "Act"). No amendment to or repeal of this article shall apply to or have any effect on the liability of any member of the L.L.C. for any act or omission that occurs prior to the effective date of any such amendment or repeal.

9.2 Indemnification. To the fullest extent permitted by the Act, the L.L.C. shall indemnify any member, employee, agent, or officer of the L.L.C. made a party to a proceeding because the person is or was a member, employee, agent, or officer of the L.L.C. against liability incurred in that proceeding, provided, however, no indemnification pursuant to this provision shall indemnify any member, employee, agent, or officer from or on account of (1) any breach of the member's or officer's duty of loyalty to the L.L.C., or its members; (2) acts or omissions not in good faith which involves intentional misconduct or a knowing violation of the law; (3) any unlawful distribution under ORS 63.235, or (4) any transaction from which the member, employee, agent, or officer derived an improper personal benefit.

9.2.1 Advancement of Expenses. The L.L.C. shall pay for or reimburse the reasonable expenses incurred by a member, employee, agent, or officer who is a party to a proceeding in advance of the final disposition of the proceeding to the fullest extent permitted by the Act.

9.2.2 Extent of Indemnification. This indemnification includes indemnification for all expenses, including without limitation, attorney fees, arbitration fees, costs of arbitration or other methods of alternative dispute resolution, accountant fees, expert witness fees, costs of depositions, and other methods of discovery, court costs, and all liability, including without limitation, those arising out of any suit, action, arbitration, or any other alternative method of dispute resolution, bankruptcy proceeding, judgment, award, settlement, penalty, fine, including excise tax assessed with respect to an employee benefit plan, or expense of any nature incurred with respect to a proceeding (herein collectively referred to as reasonable expenses). This indemnification includes reasonable expenses of the officer, member, employee, or agent who is wholly successful on the merits or otherwise in respect to such an action.

**Articles of Amendment/Dissolution - Limited Liability Company**Secretary of State - Corporation Division - 265 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 988-2200

Check the appropriate box below:

☒ ARTICLES OF AMENDMENT

(Complete only 1, 2, 3, 6)

☐ ARTICLES OF DISSOLUTION

(Complete only 4, 5, 6)

REGISTRY NUMBER: **615059-97**

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.

ARTICLES OF AMENDMENT ONLY

1) ENTITY NAME:

JCK Enterprises, LLC

2) THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

Article #7: This limited liability company is managed by a single manager.

3) PLEASE CHECK THE APPROPRIATE STATEMENT:

☐ This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: _____

☒ This amendment(s) was approved by the members. **100** percent of the members approved the amendment(s).Date of adoption of each amendment: **Dec. 6, 2012****ARTICLES OF DISSOLUTION ONLY**

4) NAME OF LIMITED LIABILITY COMPANY: _____

5) DATE OF DISSOLUTION: _____

6) EXECUTION: (Must be signed by at least one member or manager.)

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: _____

Joseph C. Karcher

Title: _____

Member

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

Joseph C. Karcher

PHONE NUMBER: (Include area code.)

541-342-6557**FEES**

Required Processing Fee \$100

No Fee for Member/Manager Change Only.

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.