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

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

Articles of Organization—Limited Liability Company

FILED
DEC 30 2008
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 5168340-97
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In accordance with Oregon Revised Statute 192.410-192.490, 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. For office use only

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

1) NAME OF LIMITED LIABILITY COMPANY (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")
HAWTHORNE PARKING LOT, 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)
Joseph R. Fox

4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS (Must be an Oregon Street Address, which is identical to the registered agent's business office.)
2262 McGilchrist St. SE, Ste 200
Salem, OR 97302

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES
2262 McGilchrist St. SE, Ste 200
Salem, OR 97302

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)
Joseph R. Fox
2262 McGilchrist St. SE, Ste 200
Salem, OR 97302

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 addresses)

11) MANAGERS (MANAGERS) (Names and Street addresses)

12) EXECUTION/SIGNATURE OF THE PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER) (The only 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 punished by fines, imprisonment or both.

Signature	Printed Name	Title
[signature]	Joseph R. Fox	Organizer
		Organizer
		Organizer
		Organizer

FEES
Required Processing Fee $50
Certification Copy (Optional) $5
Processing times are approximations.
Please make check payable to "Corporation Division."
We may be paid with VISA & MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

13) CONTACT NAME (To resolve questions with the filing) DAYTIME PHONE NUMBER (include area code)
Gort

HAWTHORNE PARKING LOT, LLC

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ARTICLES OF ORGANIZATION
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9. OPTIONAL PROVISIONS:

The company will have authority to provide indemnification as allowed under ORS 63.160.