

Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 998-2200

- ☒ **BUSINESS CORPORATION** (Complete items 1, 2, 3, 4, 5, 6, 9 and 12. Items 7, 8, 10 and 11 are optional.)
☐ **PROFESSIONAL CORPORATION** (Complete all items. Note: Item 8, 10 and 11 are optional.)

REGISTRY NUMBER: _____

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 OF CORPORATION:** JENRAE, INC
NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation", "Company", "Incorporated", or "Limited" or an abbreviation of one of such words.
 For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation", or abbreviations thereof, i.e., "P.C.", or Prof. Corp".
2. **PRINCIPAL OFFICE:** (Must be a physical street address)
2159 CLEARLAKE RD NE
SALEM, OR 97303
3. **REGISTERED AGENT:** (Individual or entity that will accept legal service for this business)
JACK YARBROUGH
4. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**
 (Must be an Oregon Street Address, which is identical to registered agent's office.)
2159 CLEARLAKE RD NE
SALEM, OR 97303
5. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**
PO BOX 20756
KEIZER, OR 97307
6. **NUMBER OF SHARES:** (At least one share must be listed.)
100
7. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:**
 (PROFESSIONAL CORPORATION ONLY) ORS 58.015(5)(m)
8. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)
☐ **BENEFIT COMPANY:** The Corporation is a benefit company subject to ORS 60.750 - 60.770. (additional requirements apply)
☐ **INDEMNIFICATION:** The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185 or 60.387 - 60.414.
☒ **SEE ATTACHED**
9. **WHO IS FORMING THIS BUSINESS? (INCORPORATORS)**
 List names and addresses of each incorporator.
 Attach a separate sheet if necessary.
JACK YARBROUGH
PO Box 20756
Keizer, OR 97307
10. **INITIAL PRESIDENT** (Name and Address)
JACK YARBROUGH
PO BOX 20756
KEIZER, OR 97307
11. **INITIAL SECRETARY** (Name and Address)
JACK YARBROUGH
PO BOX 20756
KEIZER, OR 97307
12. **INDIVIDUAL WITH DIRECT KNOWLEDGE**
 List the name and address of at least one individual who is a director, or controlling shareholder of the corporation or an authorized representative with direct knowledge of the operations and business activities of the corporation.
JACK YARBROUGH
PO BOX 20756
KEIZER, OR 97307

13. EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Incorporator)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. 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:

Title:

JACK YARBROUGH

PRESIDENT

CONTACT NAME: (To resolve questions with this filing) **PHONE NUMBER:** (Include area code)

BARBARA DICKSON

5035805181

Articles of Incorporation - Business/Professional Corporation (12/18)

FEES

Required Processing Fee \$100

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

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED

Nov 18, 2020

OREGON SECRETARY OF STATE

REGISTRY NUMBER

5608096

REGISTRATION DATE

12/26/2001

BUSINESS NAME

JENRAE, INC

BUSINESS ACTIVITY

LAND MANAGEMENT

MAILING ADDRESS

PO BOX 20756

KEIZER OR 97307 USA

TYPE

DOMESTIC BUSINESS CORPORATION

PRIMARY PLACE OF BUSINESS

2159 CLEARLAKE RD NE

SALEM OR 97303 USA

JURISDICTION

OREGON

REGISTERED AGENT

JACK YARBROUGH

2159 CLEARLAKE RD NE

SALEM OR 97303 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

JACK YARBROUGH

PO BOX 20756

KEIZER OR 97307 USA

SECRETARY

JACK YARBROUGH

PO BOX 20756

KEIZER OR 97307 USA



Corporation Division
www.filinginoregon.com

2020 ANNUAL REPORT

Registry Number: 056080-06

Date of Incorporation: 10/26/2011

Fee: \$200

OREGON SECRETARY OF STATE

Exp Date: 12/31/2020

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

JACK R YARBROUGH

TITLE

PRESIDENT

DATE SIGNED

11-18-2020

Registered Agent

JACK YARBROUGH

2100 CLATSOP COUNTY

ASTORIA, OR 97103

If the Registered Agent has changed, the new agent has submitted to the appropriate Oregon state agency.

1) Type of Business

2) Principal Place of Business (in Oregon or outside)

3) Other Locations (in Oregon or outside)

4) Other Locations (in Oregon or outside)

5) Mailing Address (if different from above)

6) P.O. Box Number

7) Phone Number

8) President Name and Address

9) Vice President Name and Address

10) Secretary Name and Address

11) Treasurer Name and Address

12) Controller Name and Address

13) General Counsel Name and Address

14) Other Officers Name and Address

15) Other Officers Name and Address

Secretary of State, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. 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.

6) Signature

7) Date

8) Printed Name

9) Phone Number

Make check payable to "Corporation Division" and mail to the address above.

NOTE: Filing fees may be paid with credit card. Submit the card number and expiration date on a separate page.