CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached copy of the

Articles of Liquidation filed on May 24, 2005 for

1ST ADD. TO MOYINA IMP. DIST.

is a true copy of the original document that has been filed with this office.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

Marilyn R. Smith

May 26, 2005

State of Oregon, County of Klamath Recorded 06/16/05 4 m

Linda Smith, County Clerk # of Pgs 2

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FAX (503) 378-4381



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

Articles of Dissolution-Business/Professional/Nonprofit

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

Check the appropriate box below:

■ BUSINESS/PROFESSIONAL CORPORATION (Complete only 1, 2, 3, 7, 8)

NONPROFIT CORPORATION

FILED

MAY 2 4 2005

(Complete only 1, 4, 5, 6, 7, 8)				MM1 7 4 5003			
I-16					SECRETARY OF STATE		
				d.		For office use only	
Sheet if Necessar	y.						
1ST ADD).	TO MOY	INA IMP.	DIST.			
Nonprofit Corpora				TT CORPORAT	ATION ONLY		
e	4) DATE DISSOLUTION WAS AUTHORIZED				May 3	16, 2005	
corporation irectors	The dissolution was approved by a suffice 5) CHECK THE APPROPRIATE STATEMENT						
	Approval of members was not required and dissolution was					ution was	
	approved by a sufficient vote of the boa						
		incorpor	ators.				
o the		✓ Member	ship approval v	was required.	The vote was	as follows:	
follows and ufficient for		Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST	
Number of votes cast AGAINST			38	38	34	0	
	6)	NOTICE OF	DISSOLUTION				
		Public be has been	enefit and religi n sent to the At	ious corporati torney Genera	ons: A notice o	of dissolution oration.	
ted Name			Titl	le			
Howar	đ	Palms		P	reside	nt	
AYTIME PHONE	Num	BER (Include	area code.)		FE	EES	
Melvin D. Ferguson (541) 850-2828					Required Processing Fee \$50		
	and it will be poster theet if Necessar IST ADI IST AD	ted Name Howard AATIME PHONE NUM	AAYTIME PHONE NUMBER (Include	ANYTIME PHONE NUMBER (Include area code.)	ANATIME PHONE NUMBER (Include area code.) NonProfit Corporation Include if Necessary. NonProfit Corporation NonProfit Corporation NonProfit Corporation NonProfit Corporation NonProfit Corporation The dissolution was approved by a semiliary approved by a sufficient vote of the beincorporators. Include area code.) NonProfit Corporation NonProfit Corporation The dissolution was approved by a semiliary approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved was required. Number of votes entitled to vote of the beincorporation approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved by a sufficient vote of the beincorporators. Include a sufficient vote of the beincorporation approved by a sufficient vote	the information on this application is public record. Indit will be posted on our website. Indit will be p	

5/17/5 54-10 500

Confirmation Copy (Optional) \$5

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.