



Articles of Incorporation - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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OREGON SECRETARY OF STATE

REGISTRY NUMBER:

892420-94

For office use only

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: SOCIETY FOR PHYSICIANS OF ANTHROPO SOPHIC NATUROPATHY

2) REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

ROBERT KELUM

7) WILL THE CORPORATION HAVE MEMBERS? YES NO

ORS 65.001(28)

(a) "Member" means any person or persons entitled, pursuant to a domestic or foreign corporation's articles or bylaws, without regard to what a person is called in the articles or bylaws, to vote on more than one occasion for the election of a director or directors.

(b) A person is not a member by virtue of any of the following rights the person has:

(A) As a delegate;

(B) To designate or appoint a director or directors;

(C) As a director; or

(D) As a holder of an evidence of indebtedness issued or to be issued by the corporation.

(c) Notwithstanding the provisions of paragraph (a) of this subsection, a person is not a member if the person's membership rights have been eliminated as provided in ORS 65.164 or 65.167.

3) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO boxes.)

3046 NE 33RD AVE

PORTLAND, OR 97212

4) ADDRESS FOR MAILING NOTICES:

SAME

5) OPTIONAL PROVISIONS: (Attach a separate sheet.)

INDEMNIFICATION:

The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 65.387 to 65.414.

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION:

MEDICAL SECTION FUND OF THE ANTHROPO SOPHIC SOCIETY IN AMERICA (ASIA) ← ANOTHER NONPROFIT

6) TYPE OF CORPORATION: (SELECT ONLY ONE)

Public Benefit

Mutual Benefit

Religious

9) INCORPORATORS: (List names and addresses of each incorporator. Attach a separate sheet if necessary.)

Name, Street Address, City, State, & Zip Code

ROBERT KELUM, 3046 NE 33RD AVE, PORTLAND OR 97212

Jennifer Schmitt 1501 Poplar Ave Richmond CA 94805

10) EXECUTION/SIGNATURE(S): (All Incorporators must sign. Attach a separate sheet if necessary.)

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:

Handwritten signatures of Robert Kelum and Jennifer Schmitt

Printed Name:

ROBERT KELUM
Jennifer Schmitt

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

ROBERT KELUM

FEES

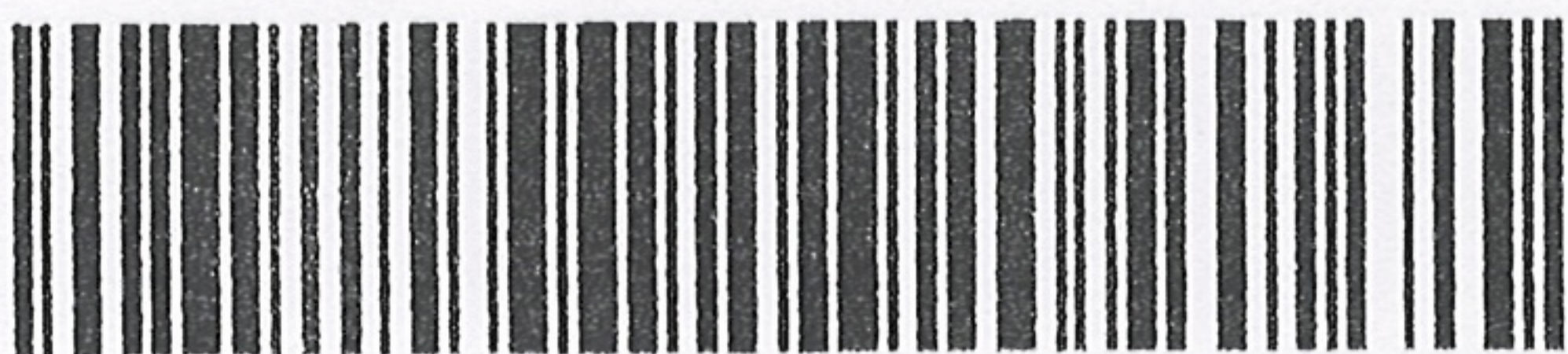
Required Processing Fee \$50

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

SOCIETY FOR PHYSICIANS OF ANTHR



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