

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certified Copy 979M488D8

I, JEANNE P. ATKINS, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached

Document File

for

HOPE ANIMAL-ASSISTED CRISIS RESPONSE

is a true copy of the original document(s).

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



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

9/13/2016



Phone: (503) 586-2200
Fax: (503) 378-4381

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

Articles of Incorporation - No Profit
For office use only

FILED

NOV 27 2001

OREGON
SECRETARY OF STATE

Registry Number: 051475-90

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

1) NAME HOPE AAES CRISIS RESPONSE

2) REGISTERED AGENT
CINDY EHLERS

7) WILL THE CORPORATION HAVE MEMBERS?
 Yes No

3) ADDRESS OF REGISTERED AGENT (Must be an Oregon Street Address which is identical to the registered agent's business office. Must include city, state, zip; no PO boxes)
1020 LOUIS ST
EUGENE, OR 97402

8) DISTRIBUTION OF ASSETS UPON DISSOLUTION
assets will go to another
like nonprofit organization

4) ADDRESS FOR MAILING NOTICES
1020 LOUIS ST
Eugene, OR 97402

CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION. PLEASE NOTE, THERE IS NO OBLIGATION ON THE PART OF PERSONS USING OUR LISTS TO REFRAIN FROM MAILING SOLICITATIONS. THE MARK IS SIMPLY INFORMATIONAL. ORS 99.022

5) OPTIONAL PROVISIONS (Attach a separate sheet.)

6) TYPE OF CORPORATION
 Public Benefit Mutual Benefit Religious

9) INCORPORATORS (List names and addresses of each incorporator. Attach a separate sheet if necessary.)
Cindy Ehlers 1020 LOUIS ST Eugene, OR 97402
Pat Gartman PO Box 1184 Creswell, OR 97426
Josiah Whitaker 2005 SW Leewood Dr Berverton, OR 97006

10) EXECUTION (All incorporators must sign. Attach a separate sheet if necessary.)

Printed Name
Cindy Ehlers
Josiah Whitaker
PAT GARTMAN

Signature
Cindy Ehlers
Josiah Whitaker
Pat Gartman

FEES
Make check for \$50 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 registration.

11) CONTACT NAME
Cindy Ehlers

DAYTIME PHONE NUMBER - INCLUDE AREA CODE
(541) 461-1183

CR112 (Rev 06/01)

11190100612 1 2001
HOPE ANIMAL-ASSISTED CRISIS RES



VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



Phone: (503) 966-2200
Fax: (503) 378-4381

Articles of Amendment—Business/Professional/Nonprofit

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

Check the appropriate box below:

- BUSINESS/PROFESSIONAL CORPORATION
(Complete only 1, 2, 3, 4, 6, 7)
- NONPROFIT CORPORATION
(Complete only 1, 2, 3, 5, 6, 7)

For office use only

FILED

MAY 03 2002

OREGON
SECRETARY OF STATE

Registry Number: 051475-90

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

1) NAME OF CORPORATION PRIOR TO AMENDMENT HOPE AAES CRISIS RESPONSE

2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)
CHANGE NAME TO: HOPE CRISIS RESPONSE AAES

3) THE AMENDMENT WAS ADOPTED ON: 5/1/2002
(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The membership vote was as follows:

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

6) EXECUTION

Printed Name
PAT GARTMAN

Signature
Pat Gartman

Title
DIRECTOR

7) CONTACT NAME
PAT GARTMAN

DAYTIME PHONE NUMBER – INCLUDING AREA CODE
541-895-4665 FAX 541-895-5414

*Please fax approval
as soon as possible
THANK YOU!
PAT GARTMAN*

FEEES

Make check for \$20 payable to
"Corporation Division."

Processing fees are nonrefundable

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.

CR113 Rev. 06/01)

HOPE ANIMAL-ASSISTED CRISIS RES





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

Articles of Amendment—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, 4, 6, 7)
- NONPROFIT CORPORATION
(Complete only 1, 2, 3, 5, 6, 7)

REGISTRY NUMBER: 051475-90

FILED

APR - 4 2008

OREGON
SECRETARY OF STATE

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

1) ENTITY NAME: HOPE CRISIS RESPONSE AAES

2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)

Article 1 - Name: HOPE CRISIS RESPONSE AAES shall now be named
HOPE Animal-Assisted Crisis Response

3) THE AMENDMENT WAS ADOPTED ON: October 15, 2007

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The membership vote was as follows:

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

6) EXECUTION

Signature

Printed Name

David A. Valantine

Title

President

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

David Valantine

DAYTIME PHONE NUMBER (Include area code)

661-313-1447

FEES

Required Processing Fee \$50

No Fee for Nonprofit Type Change Only

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.

11/04/08

HOPE ANIMAL-ASSISTED CRISIS RES





Articles of Amendment - Nonprofit

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

FILED

JAN 21 2011

OREGON SECRETARY OF STATE

REGISTRY NUMBER:

051475-90

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.

1) ENTITY NAME: HOPE ANIMAL-ASSISTED CRISIS RESPONSE

2) STATE THE ARTICLE NUMBER(s): and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

Removed Director at Large Seats (6.03, 6.05)

Added a new standing committee, Partnerships/Agreements (8.02)

3) THE AMENDMENT WAS ADOPTED ON: 12/5/10

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) CHECK THE APPROPRIATE STATEMENT:

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required.

The membership vote was as follows:

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

5) EXECUTION: (Must be signed by at least one officer or director.)

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:

Title:

Amy Rideout

Amy Rideout

President

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

Amy Rideout

PHONE NUMBER: (Include area code.)

703-203-2585

FEES

HOPE ANIMAL-ASSISTED CRISIS RES



5147590-12425365

AMDART