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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

FILED

NOV 06 2013

REGISTRY NUMBER: 975654-94  
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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.

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

1) NAME: GREEN PETER ECLECTIC TUNEZ

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

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.)  
240 2ND AVE, SW  
ALBANY, OR. 97321

4) ADDRESS FOR MAILING NOTICES:  
240 2ND AVE, SW  
ALBANY, OR. 97321

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:  
BLUE STONE MEDIA  
ACTIVISTS

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  
X JOSHUA LUND  
4610 HWY 20 #13B  
SWEET HOME, OR 97386

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: X [Signature] Printed Name: X JOSHUA LUND

GREEN PETER ECLECTIC TUNEZ



Required Processing Fee \$50  
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."  
Free copies are available at FilingInOregon.com, using the Business Name Search program.