

B3074-0953 10/03/2024 5:00 PM Received by California Secretary of State

Statement and Designation by Foreign Association

For Office Use Only
-FILED-
File No.: 6413900
Date Filed: 10/3/2024

809 S Lincoln Statutory Trust

[Name of Association]

_____, a business trust organized and existing under the laws of Wyoming, makes the following statements and designation:
[State or Place of Organization]

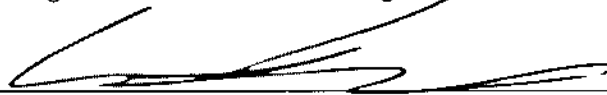
- The street address of its principal executive office is 1718 Capitol Avenue, Cheyenne, WY 82001
- The street address of its principal office in the State of California is _____
[If none, leave Item 2 blank.]
- The mailing address of its principal executive office is _____
[If the same as Item 1 or 2, leave Item 3 blank.]

Designation of Agent for Service of Process in the State of California (Complete either Item 4 or Item 5.)

4. [Use this paragraph if designating an agent for service of process **who is a natural person.**]
_____, a natural person residing in the State of California, whose complete street address is _____, is designated as agent upon whom process directed to this association may be served within the State of California, in the manner provided by law.

5. [Use this paragraph if designating an agent for service of process **who is a corporation.**]
Northwest Registered Agent, Inc. (#C3184722), is designated as agent upon whom process directed to this association may be served within the State of California, in the manner provided by law.

6. It irrevocably consents to service of process directed to it upon the agent designated above, and to service of process on the Secretary of State of the State of California if the agent so designated or the agent's successor is no longer authorized to act or cannot be found at the address given.


[Signature of Officer or Trustee]

Carter Coons, Esq., Signatory Trustee
[Typed Name and Title of Officer or Trustee Signing]

*Item 4: If an individual is designated as the agent for service of process, include the agent's business or residential **street** address in California (a P.O. Box address is not acceptable). Item 5: If a corporation is designated as the agent for service of process, do not include the address of the designated corporation. **Note:** Corporate agents must have complied with California Corporations Code section 1505 prior to designation, and an association cannot act as its own agent.*

If the foreign association has officers, complete the Officers' Certificate below. If the foreign association has no officers, complete the Trustees' Certificate below.

Officers' Certificate

_____ and _____

declare under penalty of perjury that they are two of the officers of _____

_____, a validly organized and existing

business association organized as a trust under the laws of _____

Executed at _____ on _____
[City and State] [Date]

[Signature of Officer]

[Typed Name and Title of Officer]

[Signature of Officer]

[Typed Name and Title of Officer]

Trustees' Certificate


Carter Coons _____ and _____

declare under penalty of perjury that they are two of the trustees or single trustee of _____

809 S Lincoln Statutory Trust _____, a validly organized and existing

business association organized as a trust under the laws of Wyoming

Executed at Tacoma, Washington on 09/26/2024
[City and State] [Date]



[Signature of Trustee]

Carter Coons, Esq., Signatory Trustee

[Typed Name and Title of Trustee Signing]

[Signature of Trustee]

[Typed Name and Title of Trustee Signing]

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

809 S Lincoln Statutory Trust
is a
Statutory Trust

formed or qualified under the laws of Wyoming did on **September 26, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001529003**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed a Certificate of Cancellation.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of September, 2024 at 6:39 AM. This certificate is assigned ID Number 076675325.



Chuck Gray
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

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