



Multnomah Athletic Club

Membership Application - Spouse Adding to Account

PART I: TO BE COMPLETED BY APPLICANT

APPLICANT DEBORAH ANNE ZSARKO MEMBER # _____

Title First Middle Last

CURRENT MEMBER BARBARA BEALE MILLER MEMBER # 602440

Title First Middle Last

HOME ADDRESS 18143 NW SAINT HELENS RD
PORTLAND, OR 97231
HOME PHONE _____ CELL (503) 779-4540
E-MAIL MILLER.ZSARKO@GMAIL.COM
BIRTHDATE 03/29/1965 GENDER F

MEMBERSHIP CATEGORY:

Check One: ☒ Resident ☐ Nonresident

Please indicate:

- ☒ Applicant is at least 30 years old
☐ Both applicant and spouse are under 30 years of age

CHILDREN

LIST CHILDREN AGES BIRTH TO 25 YOU WISH TO BE INCLUDED ON YOUR ACCOUNT.

Individual and nonresident members who wish to include children older than seven on their accounts must transfer to a family category and are subject to applicable initiation fees and dues.

FIRST	MIDDLE	LAST	GENDER	BIRTHDATE
<u>AUA</u>	<u>ROSE</u>	<u>BALISE-ZSARKO</u>	<u>F</u>	<u>4/10/2002</u>

OCCUPATION

Employer GENERAL CONTRACTOR - CONST.
Z SQUARED HOLDINGS LLC Occupation GENERAL CONTRACTOR
Address 8420 N. IVANHAE ST, #8322 Work Phone (503) 812-9030
PORTLAND, OR 97203 E-Mail ZSQUAREDHOLDINGS@GMAIL.COM

MAILINGS

Mail billing statement to:

☐ Home ☐ Business ☒ E-Statement Only

Mail all other correspondence/publications to:

☒ Home ☐ Business

Billing statements sent by mail will cost \$1 per month starting July 1, 2017

Please note that you are required to notify Member Services if home or business address changes.

BACKGROUND INFORMATION

- Has either applicant ever been convicted of a misdemeanor or felony? ☐ YES ☒ NO
- Has either applicant ever pled guilty / no contest to a misdemeanor or felony? ☐ YES ☒ NO
- Has either applicant ever been charged with a misdemeanor or felony? ☐ YES ☒ NO

If you answered YES to any of the above questions, you must provide a letter of explanation.

Please provide an explanation of the event, including the date, nature and jurisdiction of any offense, and the judgment.

Has either applicant ever been a MAC member?

☐ YES ☒ NO

If yes, when? _____ Under what name(s)? _____

FOR OFFICE USE ONLY

Mailed/PU Date	Received (SP)	Initiation Fee	Posting Date	Background Check	Date to M'ship	Account #	Effective Date

Revised March 2016

PART II: TO BE COMPLETED AND SIGNED BY THE APPLICANT**SECONDER**

PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED SECONDER.
YOUR SECONDER MAY **NOT** BE A FAMILY MEMBER AND **MUST** BE A MAC MEMBER.

SECONDER NAME (NON-FAMILY)

DAN WATSON

MEMBER # (REQUIRED)

444210

E-MAIL ADDRESS

DAN.WATSON@NEILLKELLY.COM

Have you known the seconder for the required minimum of one year? YES How long? 4 YRS

PROOF OF MARRIAGE, CIVIL UNION, OR EQUIVALENT

☒ I have enclosed a copy of our marriage certificate / government documentation in order to qualify for family membership.

BY SIGNING THIS APPLICATION FORM I ACKNOWLEDGE THE FOLLOWING:

- If the Board of Trustees approves this application, I am responsible for any initiation fee that applies in order to accept a membership. The initiation fee that is in effect for the specific membership category on the date the application is received in Member Services.
- I may withdraw this application at any time prior to paying the initiation fee and accepting the membership. Once the membership is accepted and the initiation fee is paid or under a payment plan contract, the fee is nonrefundable.
- I grant Multnomah Athletic Club permission to obtain a personal financial/character/criminal report relative to my application.
- Upon approval of this application by the Board of Trustees, I agree to accept full responsibility for payment of account and compliance with Club Rules.
- The fact that I am applying for individual or family membership does not confer any contractual or additional rights upon this application or obligations to the Membership Committee or Board of Trustees, and that the acceptance or rejection of the application is within the absolute discretion of the Membership Committee and Board of Trustees.
- All membership application materials are confidential and will not be disclosed to parties outside of the evaluation process.
- Any false or misleading information on this application may be cause for denying membership.
- I have read and understand the Guidelines for Completing a MAC Application.

Signature of Applicant

Date

Signature of Current Member

Date

PART III: TO BE COMPLETED AND SIGNED BY THE PROPOSER**PROPOSER**

PLEASE PRINT LEGIBLY. PLEASE REVIEW GUIDELINES FOR DETAILS ABOUT QUALIFIED PROPOSERS.

THE PROPOSER **MAY** BE A FAMILY MEMBER AND **MUST** BE A MAC MEMBER.

PLEASE NOTE: IF THE PROPOSER IS A FAMILY MEMBER, **NO LETTER OF RECOMMENDATION IS REQUIRED.**

IF YOU ARE REQUIRED TO SUBMIT A LETTER, YOU WILL BE CONTACTED AT A LATER DATE.

Is the applicant a family member? YES What is your relation to the applicant? PARTNER
Have you known the applicant for the required minimum of three years? YES How long? 4 YEARS

I accept responsibility for the completeness and accuracy of the information on this form and understand that any misrepresentation may disqualify the applicant(s). I understand that my membership in the Multnomah Athletic Club confers no contractual or additional rights to the applicant(s) or obligations to the Membership Committee or Board of Trustees. I acknowledge that the acceptance or rejection of this application is within the absolute discretion of the Membership Committee and Board of Trustees.

BARBARA B MILLER
PRINT NAME

MILLERZSARKO@GMAIL.COM
E-MAIL ADDRESS

SIGNATURE

MEMBER#(REQUIRED)

DATE



Multnomah Athletic Club

MAC AGREEMENT RELEASE AND WAIVER OF LIABILITY

1. I understand and acknowledge that club participation may be dangerous and may involve risks which include, but are not limited to, bodily injury, partial or total disability, paralysis and death. I also understand and acknowledge that the social and economic losses or damages which can result from those risks and dangers can be severe and that not all such risks and dangers may be known or reasonably foreseeable at this time. I accept the responsibility for losses or damages resulting from all such risks and dangers involved in club participation.

2. I agree to take appropriate precautions for my own safety and that of others when participating in activities and further agree that, before participating I will inspect the facilities and equipment to be used and will, if I believe anything is unsafe, immediately advise the person in charge of that unsafe condition and will refuse to participate.

3. I hereby release, waive and discharge MAC, its coaches, instructors, officials and volunteers engaged by MAC, in the conduct of club activities, and MAC officers, directors, agents and employees, from all liability to me and to my conservators, guardians or other legal representatives, assigns, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, death or damage to property, arising out of my participation in club activities, arising from negligence, whether on MAC premises or elsewhere, including transportation of myself and/or my child/ward to and from events and venues.

4. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

5. I also hereby agree to indemnify and to hold harmless from any claim or demand on account of injury or damage which I may suffer as a result of participation in club activities, MAC and all other persons mentioned in Paragraph 3.

6. I understand that this release, waiver and agreement to indemnify and hold harmless includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part by the negligence of MAC and the individuals listed in Paragraph 3.

I am the parent or legal guardian of those participant(s) who are associated with my membership account/application, who is under the age of 18 years, and who wishes to participate in the Multnomah Athletic Club's activities. In consideration of the Multnomah Athletic Club's allowing my child(ren) or ward(s) to participate in club activities, I hereby agree to indemnify the Multnomah Athletic Club and all other persons described in Paragraph 3 above, and to hold each and all of them harmless from any claim or demand on account of injury to or damage suffered by my child(ren) or ward(s) as a result of participation in club activities, whether on Multnomah Athletic Club premises or elsewhere.

I acknowledge it is my responsibility to deliver my child(ren) to any activities and to pick up my child(ren) promptly upon the scheduled conclusion of such activities. If competing in an offsite event/venue, I assume responsibility for transportation of myself and/or my child(ren)/ward(s) to and from those events and/or venues.

This agreement includes, but is not limited to, claims or demands on account of injury or damage caused or allegedly caused by the negligence of MAC or any of the individuals listed in Paragraph 3.

I have read the above agreement of release and waiver of liability and understand that agreeing to this waiver I have given up substantial rights. I agree to this agreement voluntarily.

Signature of applicant/member 1: [Signature] Print Name: BARBARA MILLER Date: 7/12/24
Signature of applicant/member 2: [Signature] Print Name: DEBRAH ZSARKE Date: 7/8/24

☐ **Parental Consent to Treat:** I wish to provide consent and have completed the form below:

I am the natural parent and/or guardian of registered children who are associated with my account, do hereby fully authorize Multnomah Athletic Club coaching staff or designated chaperones to act on my behalf in the event my child(ren) is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child(ren) shall include but not be limited to authorization for Multnomah Athletic Club coaching staff or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice, and to give any required consent for such medical care.

Signature of applicant/member 1: _____ Date: _____

Signature of applicant/member 2: _____ Date: _____

Emergency Phone: _____ Alternate Phone: _____ Account #: _____



Post Office Box 5920, Scottsdale, AZ 85261
1-877-263-8033 | www.universalbackground.com

Report Requested By:
MULTNOMAH ATHLETIC CLUB

Consumer Report - Order # 38202989

Name:

Deborah Anne Zsarko

Address:

18143 NW SAINT HELENS RD
PORTLAND, OR 97231

SSN:

DOB:

Phone:

Email:

***-**-2757

11/22/****

(503)812-9030

millerzsarko@gmail.com

Summary for Deborah Anne Zsarko		
Search Type	Details	Status
Social Security Address/Alias Trace		See Details
USA CriminalSearch Plus		No Record
County Criminal Court Search	LOS ANGELES, CA	No Record
Statewide Criminal Court Search	OR	No Record
Federal District Criminal Search	FEDERAL District, OR	No Record
Federal District Criminal Search	CENTRAL District, CA	No Record

Report Detail for Deborah Anne Zsarko

Social Security Address/Alias Trace

#112147760

Date Ordered

08/14/2024

Date Completed

08/14/2024

Validation

This is a Valid Social Security Number. (This is a Valid Social Security Number. Issued in Oregon between 1977 and 1980.)

Status

No Discrepancy Detected

The SSN is associated with the name provided.

The information contained in the Social Security Number Address/Alias Trace is a research tool and is not considered a consumer report or investigative consumer report. While the trace is useful to establish an association between the name and SSN provided, it does not provide a definitive match or verification. It should not be used as a factor for taking any adverse action against this individual.

USA CriminalSearch Plus

#112147762

Date Ordered	08/14/2024	Date Completed	08/14/2024
Status	No Record Found		
<div>> USA CriminalSearch</div>			
* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.			
<div>> USA OffenderSearch</div>			
* Criminal records researched include delayed and historical archive databases which can affect availability in some jurisdictions.			
<div>> USA SecuritySearch</div>			
County Criminal Court Search			#112147769
Date Ordered	08/14/2024	Date Completed	08/22/2024
Status	No Record Found		
Jurisdiction/Location	LOS ANGELES, CA		
Scope of Search	Records were searched for a minimum of 7 years		
Statewide Criminal Court Search			#112147770
Date Ordered	08/14/2024	Date Completed	08/14/2024
Status	No Record Found		
Jurisdiction/Location	OR		
Scope of Search	Records were searched for a minimum of 7 years		
Federal District Criminal Search			#112147773
Date Ordered	08/14/2024	Date Completed	08/14/2024
Status	No Record Found		
Jurisdiction/Location	FEDERAL District, OR		
Scope of Search	Records were searched for a minimum of 7 years		
Federal District Criminal Search			#112147774
Date Ordered	08/14/2024	Date Completed	08/14/2024
Status	No Record Found		
Jurisdiction/Location	CENTRAL District, CA		
Scope of Search	Records were searched for a minimum of 7 years		

This information is a consumer report or investigative consumer report as defined by the federal Fair Credit Reporting Act (FCRA) and applicable state laws. This report does not guarantee the accuracy or truthfulness of the information, but only that it is accurately copied from public records. The end user of this report agrees to comply with the Fair Credit Reporting Act (FCRA), and all other federal, state and local laws governing the confidentiality and dissemination of this information. If any adverse action may be taken based in whole or in part on this consumer report, the end-user is obligated to follow the adverse action procedures as outlined in the FCRA and applicable state and local laws. AZ DPS License #1001268

Para informacion en espanol, visite www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert

that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore (<http://www.consumerfinance.gov/learnmore>).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Consumer Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
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2/2023

2024-20151

Oregon Department of Human Services
Center for Health Statistics

136-

Local file number

State file number

Declaration of Oregon Registered Domestic Partnership

This declaration of domestic partnership must be registered with an Oregon county clerk to be valid.

Partner A	1. Partner A - Legal name: First <u>BARBARA</u> Middle <u>BEALE</u> Last <u>MILLER</u>			
	2. Surname at birth (if different than current legal name): <u>BEALE</u>		3. Other legal surnames used:	
	4. Birthplace (state or foreign country): <u>PORTLAND OR</u>	5. Date of birth (month, day, year): <u>03-27-1965</u>	6. Age (18 or older): <u>59</u>	
	7. Sex: <u>F</u>	8. Current status (never married, widowed, divorced): <u>DIVORCED</u>	9a. Resident county: <u>MULTNOMAH</u>	
	9b. Resident state: <u>OREGON</u>			
	9c. Mailing address: Number and street <u>18143 NW SAINT HELENS RD</u> City or town <u>PORTLAND</u> State <u>OR</u> Country <u>USA</u> ZIP code <u>97231</u>			
	10. Partner A legal name taken after domestic partnership: First <u>BARBARA</u> Middle <u>BEALE</u> Last <u>MILLER</u>			
	11. Partner B - Legal name: First <u>DEBORAH</u> Middle <u>ANNE</u> Last <u>ZSARKO</u>			
	12. Surname at birth (if different than current legal name):		13. Other legal surnames used:	
	Partner B	14. Birthplace (state or foreign country): <u>ARILENE, TX</u>		15. Date of birth (month, day, year): <u>11-22-1966</u>
17. Sex: <u>F</u>		18. Current status (never married, widowed, divorced): <u>DIVORCED</u>	19a. Resident county: <u>MULTNOMAH</u>	
19b. Resident state: <u>OREGON</u>				
19c. Mailing address: Number and street <u>18143 NW SAINT HELENS RD</u> City or town <u>PORTLAND</u> State <u>OR</u> Country <u>USA</u> ZIP code <u>97231</u>				
20. Partner B legal name taken after domestic partnership: First <u>DEBORAH</u> Middle <u>ANNE</u> Last <u>ZSARKO</u>				

I acknowledge that: I am entering into a domestic partnership with the party listed above (Partner B); I am at least 18 years of age; I and/or my partner reside in Oregon and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in or to maintain a domicile in this state.

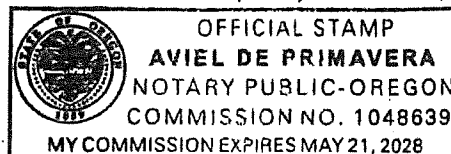
Signature partner A (current name) [Signature] Date 7/9/2024 State of Oregon

county of Multnomah. This instrument was acknowledged before me on 07/09/2024 (date),

by BARBARA MILLER (name(s) of person(s)).

Signature of notarial officer: Aniel DePrimavera

My commission expires: 05/21/2028



I acknowledge that: I am entering into a domestic partnership with the party listed above (Partner A); I am at least 18 years of age; I and/or my partner reside in Oregon; and am otherwise capable to enter into this relationship. I declare the information and representations contained herein are true, correct and contain no material omissions of fact to the best of my knowledge and belief. I consent to the jurisdiction of the circuit courts of Oregon for the purpose of an action to obtain a judgment of dissolution or annulment of the domestic partnership or for legal separation of the partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners cease to reside in or to maintain a domicile in this state.

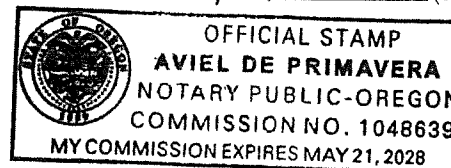
Signature Partner B (current name) [Signature] Date 07/09/2024 State of Oregon

county of Multnomah. This instrument was acknowledged before me on 07/09/2024 (date),

by DEBORAH ZSARKO (name(s) of person(s)).

Signature of notarial officer: Aniel DePrimavera

My commission expires: 05/21/2028



County of filing: Multnomah

Signature of county official at county of filing: [Signature]

Date registered at county: 7/9/24

Name of issuing official (print): JOFF ANTON

Local
Official

STATE OF OREGON }
County of Multnomah } ss

The foregoing copy has been compared and is
certified by me as a full, true and correct copy of
the original on file in my office and in my
custody.

In Testimony Whereof, I have hereunto set my
hand and affixed the seal of the office.

on: 7/9/24

By Jan RA

Deputy
Division of Assessment & Taxation

