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

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

Registry Number: 60213882
Date of Organization: 10/31/1997
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: MAR 11, 2024
OREGON SECRETARY OF STATE

60213882-25997381

PORTLAND PROPERTIES OR. LLC **REIANA**

RE: PORTLAND PROPERTIES OR. LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit $200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 12/28/2023

The reason(s) for administrative dissolution has been eliminated or did not exist.

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. 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.

By: _____ Date: 2/22/2024
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

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REINSTATEMENT ANNUAL REPORT
Registry Number: 60213882
Date of Organization: 10/31/1997
Type: DOMESTIC LIMITED LIABILITY COMPANY

PORTLAND PROPERTIES OR. LLC
518 SW 257TH AVE
TROUTDALE OR 97060

Name of Domestic Limited Liability Company
PORTLAND PROPERTIES OR. LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form.

Registered Agent
EDWARD W WEBB
518 SW 257TH AVE
TROUTDALE OR 97060

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)
518 SW 257TH AVE
TROUTDALE OR 97060

3) Mailing Address (Address,city,state,zip)
518 SW 257TH AVE
TROUTDALE OR 97060

4) ☐ **Member or** ☑ **Manager**(Name&Address)
EDWARD W WEBB
~~PO BOX 5230~~ 518 SW 257th AVE
~~ALOHA OR 97006~~ TROUTDALE, OR 97060

5) ☐ **Member or** ☐ **Manager** (Name&Address)

Execution:
I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. 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.

6) Signature [signature]

7) Printed Name EDWARD W, WEBB

8) Date 2/22/2024

9) Phone Number 503/515-2226

Make check payable to "Corporation Division" and mail to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
02/12/24