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

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

2024 ANNUAL REPORT

REGISTRY NUMBER: 212453799
DATE OF FILING: 5/23/2023
FEE: $100
DUE DATE: 5/23/2024
TYPE: DOMESTIC LIMITED LIABILITY COMPANY

FILED: MAY 17, 2024
OREGON SECRETARY OF STATE
212453799-26265188
MADRAS LUMBER LLC **RENANA**

001016

MADRAS LUMBER LLC
6846 NORTHWEST COLUMBIA DRIVE
MADRAS OR 97741

Business Name: MADRAS LUMBER LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

REGISTERED AGENT:
ISIDRO OLIVERA

STREET ADDRESS: (Must be an Oregon Physical Street Address)
6846 NW COLUMBIA DR, MADRAS, OR 97741

If the Registered Agent has changed, the new Agent has consented to the appointment.

Type of Business: WE WILL BE SELLING LUMBER AND PAVERS

Principal Place of Business Address: (Physical Street Address)
1665 NW US HWY 26, MADRAS, OR 97741

Mailing Address:
6846 NORTHWEST COLUMBIA DRIVE, MADRAS, OR 97741

Member(s) or Manager(s) Title, Name and Address:

MEMBER - LUSINA OLIVERA	6846 NORTHWEST COLUMBIA DRIVE, MADRAS, OR 97741
MEMBER - JAIME NOEL OLIVERA	970 SE KIERRA PL, MADRAS, OR 97741
MEMBER - ISIDRO OLIVERA	6846 NORTHWEST COLUMBIA DRIVE, MADRAS, OR 97741
_____ - _____	_____
_____ - _____	_____

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.

Signature Isidro Oliva **Printed Name** Isidro Oliva

Date 5/3/2024 **Phone Number** 541 325 3716

Make check payable to "Corporation Division" and mail completed form with payment 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.