AMENDED ANNUAL REPORT

Corporation Division
sos.oregon.gov/business

E-FILED
Nov 08, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

107145294

REGISTRATION DATE

12/23/2014

BUSINESS NAME

LIFTS, LLC

BUSINESS ACTIVITY

FITNESS TRAINING AND HEALTH CONSULTING

MAILING ADDRESS

8928 N FISKE AVE
PORTLAND OR 97203 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

731 N HAYDEN MEADOWS DR
SUITE 211
PORTLAND OR 97217 USA

JURISDICTION

OREGON

REGISTERED AGENT

WILLIAM NATHANIEL MORELAND

8928 N FISKE AVE
PORTLAND OR 97203 USA

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

MEMBER

WILLIAM N MORELAND

8928 N FISKE AVE
PORTLAND OR 97203 USA

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 officers, managers, members 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 typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

WILLIAM N MORELAND

TITLE

OWNER

DATE

11-08-2024