APPLICATION FOR REGISTRATION

Corporation Division
sos.oregon.gov/business

E-FILED
Dec 06, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

233851898

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

THE CAULDRON CAFE

BUSINESS ACTIVITY

RESTAURANT/CAFE

PRINCIPAL PLACE OF BUSINESS

1810 CASCADE AVENUE
HOOD RIVER OR 97031 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

KIMBERLY RACHELLE GIBSON

1810 CASCADE AVENUE
HOOD RIVER OR 97031 USA

REGISTRANT/OWNER

KIMBERLY RACHELLE GIBSON

1810 CASCADE AVENUE
HOOD RIVER OR 97031 USA

COUNTIES

HOOD RIVER

I declare as an authorized signer, that 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

KIMBERLY RACHELLE GIBSON

TITLE

REGISTRANT

DATE

12-05-2024