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: 139183792
Date of Organization: 12/28/2017
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: MAR 3, 2025
OREGON SECRETARY OF STATE

139183792-27441437

VSBAR LLC **REIANA**

RE: VSBAR 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 02/27/2025

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 : 3/3/25
(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: 139183792
Date of Organization: 12/28/2017
Type: DOMESTIC LIMITED LIABILITY COMPANY

VSBAR LLC
PO BOX 772
SANDY OR 97055

Name of Domestic Limited Liability Company
VSBAR LLC
Jurisdiction: OREGON

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

Registered Agent
VINCENT JEWELL CULP
42747 SE HIGHWAY 26
SANDY OR 97055

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)
10810 NE SANDY BLVD
PORTLAND OR 97220

3) Mailing Address (Address,city,state,zip)
PO BOX 772
SANDY OR 97055

4) ☑ **Member or** ☐ **Manager**(Name&Address)
VINCENT JEWELL CULP
PO BOX 772
SANDY OR 97055

OR by Member

5) ☑ **Member or** ☐ **Manager** (Name&Address)
SCOTT THOMASON
4735 NE CAMPAIGN ST
PORTLAND OR 97218

Remove Jared Bristol
Scott E Thomason

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** Vincent Culp

8) Date 3/3/25 **9) Phone Number** 503 952 6986

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-
03/03/25