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: 220449490
Date of Organization: 12/13/2023
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: MAR 10, 2025
OREGON SECRETARY OF STATE

220449490-27472149

WILSON'S APPROACH LLC **REIANA**

RE: WILSON'S APPROACH 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 02/13/2025

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 : 3/10/25
(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: 220449490
Date of Organization: 12/13/2023
Type: DOMESTIC LIMITED LIABILITY COMPANY

WILSON'S APPROACH LLC
4828 CAROLINA AVE NE
SALEM OR 97305

Name of Domestic Limited Liability Company
WILSON'S APPROACH LLC
Jurisdiction: OREGON

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

Registered Agent
ETHAN WILSON
4828 CAROLINA AVE NE
SALEM OR 97305

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

1) Type of Business

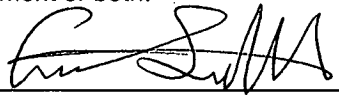
2) Principal Place of Business (Address,city,state,zip)
4828 CAROLINA AVE NE
SALEM OR 97305

3) Mailing Address (Address,city,state,zip)
4828 CAROLINA AVE NE
SALEM OR 97305

4) ☑ **Member or** ☐ **Manager**(Name&Address)
ETHAN WILSON
4828 CAROLINA AVE NE
SALEM OR 97305

5) ☐ **Member or** ☑ **Manager** (Name&Address)
ETHAN WILSON
4828 CAROLINA AVE NE
SALEM OR 97305

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 

7) Printed Name Ethan Wilson

8) Date 3/10/25

9) Phone Number 5411993090S

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.