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/

**Assumed Business Name Reactivation**
**Registry Number: 174038498**
**Date of Registration: 11/06/2020**

**FILED: APR 3, 2025**
**OREGON SECRETARY OF STATE**

174038498-27582111
**SHADOWBUCK WINERY** **REAABN**

**Name of Assumed Business Name Registration:**
SHADOWBUCK WINERY

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit $100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 01/02/2025

The reason(s) for administrative cancellation has been eliminated or did not exist.

By: _____ Date: 3-16-25
(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

Why is not a DBA Renew at the Same time as the LLC if is a DBA for -

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**Registry Number: 174038498**
**Date of Registration: 11/06/2020**

Note: Renewal due every two years

**Name of Assumed Business Name Registration:**
SHADOWBUCK WINERY

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

**Principal Place of Business:** 5985 MASON RD THE DALLES OR 97058
(Physical Street Address)

**Authorized Representative:** TOM PETERS
**Mailing Address:** PO BOX 65507 VANCOUVER WA 98665

**Registrant(s) - Name(s) and Physical Address(es):**
SHADOWBUCK FARM L.L.C. 5985 MASON RD THE DALLES OR 97058

**Counties:**

| | | | | | |
|---|---|---|---|---|---|
| ☐ BAKER | ☐ CROOK | ☐ HARNEY | ☐ LAKE | ☐ MORROW | ☐ UNION |
| ☐ BENTON | ☐ CURRY | ☐ HOOD RIVER | ☐ LANE | ☐ MULTNOMAH | ☐ WALLOWA |
| ☐ CLACKAMAS | ☐ DESCHUTES | ☐ JACKSON | ☐ LINCOLN | ☐ POLK | ☑ WASCO |
| ☐ CLATSOP | ☐ DOUGLAS | ☐ JEFFERSON | ☐ LINN | ☐ SHERMAN | ☐ WASHINGTON |
| ☐ COLUMBIA | ☐ GILLIAM | ☐ JOSEPHINE | ☐ MALHEUR | ☐ TILLAMOOK | ☐ WHEELER |
| ☐ COOS | ☐ GRANT | ☐ KLAMATH | ☐ MARION | ☐ UMATILLA | ☐ YAMHILL |

**Business Description:** (Primary business activity) FARMING VINEYARD AND WINERY

**Signatures:** New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing authority, 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.

**Signature:** _____ **Signature:** _____
**Contact Name:** Tom Peters **Phone Number:** 360-609-1166

**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.

tpeters@shadowbuckfarm.com