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/

2025 ANNUAL REPORT
Registry Number: 64800288
Date of Organization: 08/13/1998
Fee: $100
Due Date: 08/13/2025
Type: DOMESTIC LIMITED LIABILITY COMPANY

OLD CLAY LLC
11190 SW EDEN CT
PORTLAND OR 97223

FILED: JUL 30, 2025
OREGON SECRETARY OF STATE
64800288-28017184
OLD CLAY LLC **RENANA**

Name of Domestic Limited Liability Company
OLD CLAY LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
~~XIAO SHAN HU~~ John ~~&~~ Skourtes
~~11190 SW EDEN CT~~ 17010 SW Weir Rd.
~~PORTLAND OR 97223~~ Beaverton OR 97007

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)
11190 SW EDEN CT
TIGARD OR 97223

3) Mailing Address (Address,city,state,zip)
11190 SW EDEN CT
PORTLAND OR 97223

4) ☑ **Member or** ☐ **Manager** (Name&Address)
JOHN SKOURTES
17010 SW WEIR ROAD
BEAVERTON OR 97007

5) ☑ **Member or** ☐ **Manager** (Name&Address)
Xiao Shan Hu
11190 SW Eden CT.
Tigard OR 97223
janethu333@gmail.com
503 539 9193

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**

8) Date July 30, 2025 **9) Phone Number**

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-
07/30/25