APPLICATION FOR REGISTRATION

Corporation Division
sos.oregon.gov/business

E-FILED
Oct 27, 2025
OREGON SECRETARY OF STATE

REGISTRY NUMBER

248392896

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

EFFORTLESS MOVEMENT

BUSINESS ACTIVITY

PILATES, FITNESS

PRINCIPAL PLACE OF BUSINESS

7165 SW GABLE PKWY
PORTLAND OR 97225 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

CHRISTINE HULTGREN BINNENDYK

7165 SW GABLE PKWY
PORTLAND OR 97225 USA

REGISTRANT/OWNER

CHRISTINE HULTGREN BINNENDYK

7165 SW GABLE PKWY
PORTLAND OR 97225 USA

COUNTIES

WASHINGTON

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

CHRISTINE HULTGREN BINNENDYK

TITLE

REGISTRANT

DATE

10-26-2025