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: 176643295
Date of Organization: 01/13/2021
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: NOV 6, 2025
OREGON SECRETARY OF STATE
176643295-28412159
SALGADO BROS. CONSTRUCTION... **REIANA**

RE: SALGADO BROS. CONSTRUCTION LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

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

Submit ~~$200~~ 100.00 Case # 1128832 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 03/13/2025

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: Miguel Salgado Date: 11/6/2025
(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
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REINSTATEMENT ANNUAL REPORT
Registry Number: 176643295
Date of Organization: 01/13/2021
Type: DOMESTIC LIMITED LIABILITY COMPANY

SALGADO BROS. CONSTRUCTION LLC
3375 KNAVE STREET
EUGENE OR 97404

Name of Domestic Limited Liability Company
SALGADO BROS. CONSTRUCTION LLC
Jurisdiction: OREGON

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

Registered Agent
MISAEL SALGADO JR
3375 KNAVE ST
EUGENE OR 97404

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)
3375 KNAVE STREET
EUGENE OR 97404

3) Mailing Address (Address,city,state,zip)
3375 KNAVE STREET
EUGENE OR 97404

4) ☐ **Member or** ☑ **Manager**(Name&Address)
MISAEL SALGADO JR
3375 KNAVE ST
EUGENE OR 97404

5) ☐ **Member or** ☐ **Manager** (Name&Address)

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 Misael Salgado Jr

7) Printed Name Misael Salgado Jr.

8) Date 11/6/25

9) Phone Number 541-990-0575

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-
11/06/25