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: 64277297
Date of Registration: 11/06/2009

FILED: MAY 1, 2026
OREGON SECRETARY OF STATE

64277297-29167530

YOKWECARE **REAABN**

Name of Assumed Business Name Registration:
YOKWECARE

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 01/02/2026

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

By :_____ Date : 5/1/26
(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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Date of Registration: 11/06/2009

Note: Renewal due every two years

Name of Assumed Business Name Registration:
YOKWECARE

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: 910 MOONFLOWER ST NE SALEM OR 97301
(Physical Street Address)

Authorized Representative: HANIL ALIK
Mailing Address: 910 MOONFLOWER ST NE SALEM OR 97301

Registrant(s) - Name(s) and Physical Address(es):
HANIL ALIK 910 MOONFLOWER ST NE SALEM OR 97301
CARNA YAMAMURA 910 MOONFLOWER ST NE SALEM OR 97301

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) COMMUNICATION, HEALTHCARE, MEDICATIONS, PHYSICAL ASSISTANCE AND CRISIS INTERVENTION.

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: Hanil Alik
Contact Name: Hanil Alik

Signature:
Phone Number: (503) 385-6468

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.