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: 135234193
Date of Registration: 08/16/2017

FILED: MAY 11, 2026
OREGON SECRETARY OF STATE

135234193-28990724

SCHMIDL ORTHODONTICS REAABN

Name of Assumed Business Name Registration:
SCHMIDL ORTHODONTICS

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 10/09/2025

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

By: _____ Date: 5/4/26
(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

Received Time May. 5. 2026 12:01AM No. 9380

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: 135234193
Date of Registration: 08/16/2017

Note: Renewal due every two years

Name of Assumed Business Name Registration:
SCHMIDL ORTHODONTICS

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: (Physical Street Address) 2937 SISKIYOU BLVD #2 MEDFORD OR 97504

Authorized Representative: DANA SCHMIDL
Mailing Address: 2937 SISKIYOU BLVD #2 MEDFORD OR 97504

Registrant(s) - Name(s) and Physical Address(es):
DANA SCHMIDL, DDS, PC 2937 SISKIYOU BLVD #2 MEDFORD OR 97504

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) DOING ORTHODONTICS FOR ADULTS AND CHILDREN. TREATMENT FOR TMJ AND OSA.

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: _____
Contact Name: Dana Schmidt

Signature: _____
Phone Number: 909-215-9870

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.

Received Time May. 5. 2026 12:01AM No. 9380