Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
www.filinginoregon.com

Registry Number: 303301-95
Date of Registration: 08/02/2005
Type: ASSUMED BUSINESS NAME

09/09/2013

CHARLES WIPER III
PO BOX 5509
EUGENE OR 97405

FILED
OCT 1 2013
OREGON
SECRETARY OF STATE

RE: WILLAMETTE PASS RESORT
REACTIVATION

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

We are unable to process your document due to the following reason(s):

The renewal is required to complete the reactivation filing. A duplicate is ENCLOSED for review and correction.

We are holding the documents you submitted in our office. Complete the action(s) requested in this letter so we may process your filing.

We have received your processing fee and no additional fees are required at this time.

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

By:_____ Date:_____
(Authorized Signature)

Any fees submitted with this document are nonrefundable 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

WILLAMETTE PASS RESORT
30330195-14557705 REAABN

JORAVI
NONFILEABLE
09/09/2013

Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone:(503)986-2200
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ABN REACTIVATION RENEWAL

Registry Number: 303301-95

Date of Registration: 08/02/2005

Type: ASSUMED BUSINESS NAME

CHARLES WIPER III
PO BOX 5509
EUGENE OR 97405

NOTE: Assumed Business Names are required to renew every two years.

FILED

OCT 1 2013

OREGON
SECRETARY OF STATE

Business Name
WILLAMETTE PASS RESORT

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
207 COBURG RD
EUGENE OR 97401

Authorized Representative
CHARLES WIPER III
PO BOX 5509
EUGENE OR 97405

Registrant - Name and Address
OREGON SKYWAY, LLC

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)

Signatures: New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

Contact Name: _____

Phone Number: (Please include area code.) _____

JORAVI
ABNFULL
09/09/2013