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

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

Registry Number: 1048913-95
Date of Registration: 09/22/2014
Type: ASSUMED BUSINESS NAME

10/05/2017

NORTHWEST MOTORS

FILED
OCT 05 2017
OREGON
SECRETARY OF STATE

10/05/2017 2:52PM 000001 #6278
0001
BUSINESS REG $50.00
CHECK $50.00

RE: NORTHWEST MOTORS
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):

Submit $50.00 for the required fees.

The above assumed business name hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 10/06/2016.

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

By: _____ Date: 10/5/17
(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

NORTHWEST MOTORS

104891395-18364426 REAABN

JENGRA
NONFILEABLE
10/05/2017

Secretary of State
Corporation Division
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Salem, OR 97310-1327

Phone:(503)986-2200
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ABN REACTIVATION RENEWAL

Registry Number: 1048913-95

Date of Registration: 09/22/2014
Type: ASSUMED BUSINESS NAME

NW METALS INC
7600 NE KILLINGSWORTH ST
PORTLAND OR 97218

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

Business Name
NORTHWEST MOTORS

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
7600 NE KILLINGSWORTH ST
PORTLAND OR 97218

Authorized Representative
NW METALS INC
7600 NE KILLINGSWORTH ST
PORTLAND OR 97218

Registrant - Name and Address
NW METALS INC

Same as Principal

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.
By my signature, I declare as an authorized 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.

Contact Name: _____ **Phone Number:** (include area code) _____

JENGRA
ABNFULL
10/05/2017