1/9552 $100

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

Phone: (503)986-2200
Fax: (503)378-4381
www.filinginoregon.com

Assumed Business Name Reactivation
Registry Number: 64277297
Date of Registration: 11/06/2009

YOKWECARE

FILED
DEC 21 2017
OREGON
SECRETARY OF STATE

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 11/07/2017

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

By : _____ Date : 12/21/17
(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

YOKWECARE

64277297-18618046 REAABN

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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: 4590 ANTONIA AVE NE SALEM OR 97301
(Physical Street Address)

Authorized Representative: HANIL ALIK
Mailing Address: PO BOX 21143 KEIZER OR 97307

Registrant(s) - Name(s) and Physical Address(es):
HANIL ALIK 4590 ANTONIA AVE NE SALEM OR 97301
CARNA YAMAMURA 4590 ANTONIA AVE 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) _____

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: _____ **Signature:** _____
Contact Name: _____ **Phone Number:** _____

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.