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: 3511599
Date of Registration: 08/31/2001

AH BAR RANCH

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 09/01/2017

FILED
JUN 05 2018
OREGON
SECRETARY OF STATE

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

By : _____ Date : May 19, 2018
(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

Note - there is no mail delivery at the 280 S. Court address. I do not know why the P.O. Box was removed from our account.

AH BAR RANCH

3511599-19081320 REAABN

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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: 280 S COURT HEPPNER OR 97836
(Physical Street Address)

Authorized Representative: PATRICIA HUGHES PO Box 1018
Mailing Address: ~~280 S COURT~~ HEPPNER OR 97836

Registrant(s) - Name(s) and Physical Address(es):
PATRICIA HUGHES 280 S COURT HEPPNER OR 97836
JENNIFER JACA 61186 HIGHWAY 207 HEPPNER OR 97836

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) small farm, cattle pasture and timber management

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: Patricia Hughes **Signature:** _____
Contact Name: _____ **Phone Number:** 541-676-5520

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.