Request To Withdraw Filing (Per ORS 56.080)

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

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OREGON
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REGISTRY NUMBER: 642772-97

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it may be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) NAME OF ENTITY: Yokwecare

2) TYPE OF FILING BEING WITHDRAWN: Assumed Business Name - Cacellation
(ARTICLES, AMENDMENTS, ETC.)

3) DATE FILED: 1/4/19

(Note: This document may only be filed within one year after the original filing that is to be withdrawn and does not apply to filings pursuant to ORS Chapter 647)

4) REASON FOR WITHDRAWAL

CHECK THE APPROPRIATE BOX BELOW:

- ☐ THE DOCUMENT WAS SUBMITTED PREMATURELY
- ☐ THE DOCUMENT WAS SUBMITTED INADVERTENTLY
- ☒ THE DOCUMENT WAS SUBMITTED BY MISTAKE

5) NAME OF PERSON REQUESTING THE WITHDRAWAL: Hanil Alik

(Must be the person that submitted the document that is being withdrawn.)

6) STATE YOUR AUTHORITY TO INITIATE THIS WITHDRAWAL: owner

7) EXECUTION/SIGNATURE(S): (Must be signed by the person that submitted the document that is being withdrawn.)
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.

Signature: [signature]

Printed Name: Hanil Alik

8) ADDITIONAL INFORMATION, IF NECESSARY:

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

YOKWECARE

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Request to Withdraw Filing (10/10)