# APPLICATION FOR REGISTRATION

Corporation Division
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**E-FILED**
Aug 27, 2020
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

171238596

**TYPE**

ASSUMED BUSINESS NAME

**ENTITY NAME**

WEST COAST CONTAINER

**BUSINESS ACTIVITY**

WHOLESALE SALES

**PRINCIPAL PLACE OF BUSINESS**

1525 WILLAMETTE FALLS DR
WEST LINN OR 97068 USA

**NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE**

69301191 - JAMES M. HILLAS, P.C.

1211 SW 5TH AVE STE 500
PORTLAND OR 97204 USA

**REGISTRANT/OWNER**

171236699 - WEST COAST CONTAINER, INC.

1525 WILLAMETTE FALLS DR
WEST LINN OR 97068 USA

**COUNTIES**

BAKER, BENTON, CLACKAMAS, CLATSOP, COLUMBIA, COOS, CROOK, CURRY, DESCHUTES, DOUGLAS, GILLIAM, GRANT, HARNEY, HOOD RIVER, JACKSON, JEFFERSON, JOSEPHINE, KLAMATH, LAKE, LANE, LINCOLN, LINN, MALHEUR, MARION, MORROW, MULTNOMAH, POLK, SHERMAN, TILLAMOOK, UMATILLA, UNION, WALLOWA, WASCO, WASHINGTON, WHEELER, YAMHILL

I declare as an authorized signer, 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

ROBERT G STODDART

**TITLE**

REGISTRANT

**DATE SIGNED**

08-27-2020