# AMENDED ANNUAL REPORT

Corporation Division
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**E-FILED**
Sep 22, 2020
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

115680894

**REGISTRATION DATE**

10/26/2015

**BUSINESS NAME**

RESTORE RIGHT LLC

**BUSINESS ACTIVITY**

DISASTER RESTORATION AND CLEANING SERVICES

**MAILING ADDRESS**

2275 JUDSON ST SE
SALEM OR 97302 USA

**TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

**PRIMARY PLACE OF BUSINESS**

4075 NW LOGAN RD UNIT AB
LINCOLN CITY OR 97367 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

122416993 - SG CORPORATE SERVICES, LLC

250 CHURCH ST STE 200
SALEM OR 97301 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**MEMBER**

NOEL MCCLOREY

2275 JUDSON ST SE
SALEM OR 97302 USA

**MEMBER**

BRIAN J. GREER LIVING TRUST

2275 JUDSON ST SE
SALEM OR 97302 USA

**MEMBER**

KELLY I. GREER LIVING TRUST

2275 JUDSON ST SE
SALEM OR 97302 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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**

LACEY R BOLLINGER

**TITLE**

MANAGER

**DATE SIGNED**

09-22-2020