APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Nov 03, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

173894297

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

RAINSHADOW LABS

BUSINESS ACTIVITY

ANY LAWFUL ACTIVITY

PRINCIPAL PLACE OF BUSINESS

300 PORT AVENUE
SAINT HELENS OR 97051 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

WESLEY KNUTH

11100 SANTA MONICA BLVD SUITE 380
LOS ANGELES CA 90025 USA

REGISTRANT/OWNER

27185198 - CENTER OF LIFE, LLC

300 PORT AVENUE
SAINT HELENS OR 97051 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

WESLEY KNUTH

TITLE

REGISTRANT

DATE SIGNED

11-03-2020