AMENDED ANNUAL REPORT

Corporation Division
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E-FILED
Oct 08, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

11501590

REGISTRATION DATE

11/21/2002

BUSINESS NAME

DRYBASE, LLC

BUSINESS ACTIVITY

MEDICAL OFFICE BUILDING.

MAILING ADDRESS

1365 POPLAR DRIVE
MEDFORD OR 97504 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

1365 POPLAR DR
MEDFORD OR 97504 USA

JURISDICTION

OREGON

REGISTERED AGENT

CHERIE LEWIS

1365 POPLAR DR
MEDFORD OR 97504 USA

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

MANAGER

DAVID DRYLAND

1365 POPLAR DR
MEDFORD OR 97504 USA

MANAGER

DAVID CHAMBERLAND

1365 POPLAR DR
MEDFORD OR 97504 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

CHERIE LEWIS

TITLE

MANAGER

DATE SIGNED

10-08-2021