Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

**Assumed Business Name Reactivation**
**Registry Number: 134591494**
**Date of Registration: 07/26/2017**

**FILED: NOV 5, 2021**
**OREGON SECRETARY OF STATE**

134591494-22744341

**PACIFIC PREP SERVICES** **REAABN**

Please complete and return this letter and any enclosed documents requested reinstatement/reactivation.

Submit $150 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation s 09/19/2019

The reason(s) for administrative cancellation has been eliminated or did not exist.

By: _____ Date: 10/25/2021
Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is eturned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
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PACIFIC PREP SERVICES

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form. All addresses should be 560 SE. 4th Ave, Ste 525 Hillsboro, OR 97123

**Principal Place of Business:** (Physical Street Address) ~~2900~~ SW CORNELIUS PASS RD SUITE 865 HILLSBORO OR 97123

**Authorized Representative:** OXALIS SUPPLY LLC
**Mailing Address:** ~~2900~~ SW CORNELIUS PASS RD SUITE 865 HILLSBORO OR 97123

**Registrant(s) - Name(s) and Physical Address(es):**
OXALIS SUPPLY LLC 2900 SW CORNELIUS PASS RD SUITE 865 HILLSBORO OR 97123

**Counties:**

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

**Business Description:** (Primary business activity) THIRD PARTY LOGISTICS FOR ECOMMERCE

**Signatures:** New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing 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:** Galen Williams
**Contact Name:** Galen Williams

**Signature:** Galen Williams
**Phone Number:** 509-336-9181

**Make check payable to "Corporation Division" and mail to the address above.**
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.