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

FILED: DEC 13, 2021
OREGON SECRETARY OF STATE

144239092-22870324

HOA MAINTENANCE SERVICES **REAABN**

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

Submit $100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellatio

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

By: Heidi Rood Date: 11/18/2021
(Authorized Signature)

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

Business Registry
Corporation Division
(503) 986-2200

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Assumed Business Name Reactivation
Registry Number: 144239092
Date of Registration: 05/21/2018

HOA MAINTENANCE SERVICES

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make ch

Principal Place of Business: (Physical Street Address) 12178 SW GARDEN PL TIGARD OR 97223

Authorized Representative: KENDIS REDDING
Mailing Address: 12178 SW GARDEN PL TIGARD OR 97223

Registrant(s) - Name(s) and Physical Address(es):
COMMUNITY MAINTENANCE SERVICES, INC. 12178 SW GARDEN PL TIGARD OR 97223

Counties: All Counties

☑ BAKER	☑ CROOK	☑ HARNEY	☑ LAKE	☑ MORROW
☑ BENTON	☑ CURRY	☑ HOOD RIVER	☑ LANE	☑ MULTNOMAH
☑ CLACKAMAS	☑ DESCHUTES	☑ JACKSON	☑ LINCOLN	☑ POLK
☑ CLATSOP	☑ DOUGLAS	☑ JEFFERSON	☑ LINN	☑ SHERMAN
☑ COLUMBIA	☑ GILLIAM	☑ JOSEPHINE	☑ MALHEUR	☑ TILLAMOOK
☑ COOS	☑ GRANT	☑ KLAMATH	☑ MARION	☑ UMATILLA

Business Description: (Primary business activity) Janitorial Maintenance Repair

Signatures: New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative
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 an complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: Kendis Redding
Contact Name: Kendis Redding

Signature: _____
Phone Number: _____

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.