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: 156784994
Date of Registration: 06/17/2019

FILED: MAR 31, 2023
OREGON SECRETARY OF STATE

156784994-24653802

MANE HAVEN **REAABN**

Name of Assumed Business Name Registration:
MANE HAVEN

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 cancellation is 08/12/2021

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

By: Kate Mulvc Date: 3-19-2023
(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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Registry Number: 156784994
Date of Registration: 06/17/2019

Note: Renewal due every two years

Name of Assumed Business Name Registration:
MANE HAVEN

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.

Principal Place of Business: ~~10760 MAIN ST NE DONALD OR 97020~~ 1301 Evergreen Rd. Woodburn, OR 97071
(Physical Street Address)

Authorized Representative: KATE A ~~LARM~~ McIsaac
Mailing Address: ~~PO BOX 363 DONALD OR 97020~~ 1450 W. Hayes St. Woodburn, OR 97071

Registrant(s) - Name(s) and Physical Address(es):
KATE ARLENE LARM 311 S EVERGREEN RD APT S172 WOODBURN OR 97071 Kate Arlene McIsaac 1450 W. Hayes St Woodburn, OR 97071

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) FULL SERVICE HAIR SALON

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: ~~Kate Mclsc~~
Contact Name: Kate McIsaac

Signature: Kate Mclsc
Phone Number: 208-553-3921

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.