Request To Withdraw Filing (Per ORS 56.080)

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED
SEP 18 2023
OREGON
SECRETARY OF STATE
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REGISTRY NUMBER: 1688549-91

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it may be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME OF ENTITY:** Vvolt, Inc. (fka Vvolt LLC)

2) **TYPE OF FILING BEING WITHDRAWN:** Articles of Conversion
(ARTICLES, AMENDMENTS, ETC.)

3) **DATE FILED:** August 16, 2023

(Note: This document may only be filed within one year after the original filing that is to be withdrawn and does not apply to filings pursuant to ORS Chapter 647)

4) **REASON FOR WITHDRAWAL**

CHECK THE APPROPRIATE BOX BELOW:

- ☐ **THE DOCUMENT WAS SUBMITTED PREMATURELY**
- ☐ **THE DOCUMENT WAS SUBMITTED INADVERTENTLY**
- ☒ **THE DOCUMENT WAS SUBMITTED BY MISTAKE**

5) **NAME OF PERSON REQUESTING THE WITHDRAWAL:**
Christopher Kyle Ranson
(Must be the person that submitted the document that is being withdrawn.)

6) **STATE YOUR AUTHORITY TO INITIATE THIS WITHDRAWAL:**
Christopher Kyle Ranson is the President of Vvolt, Inc. and was a managing member of Vvolt LLC prior to its conversion.
The Articles of Conversion submitted and filed on August 16, 2023 were submitted by mistake.

7) **EXECUTION/SIGNATURE(S):** (Must be signed by the person that submitted the document that is being withdrawn.)
By my signature, I declare as an authorized 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: Kyle Ranson

Printed Name: Christopher Kyle Ranson

8) **ADDITIONAL INFORMATION, IF NECESSARY:**

CONTACT NAME: (To resolve questions with this filing.)
Jon R. Summers

PHONE NUMBER: (Include area code.)
(503) 419-3000

FEES
No Processing Fee
Confirmation Copy (Optional) $5