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/

**Registry Number: 52695591**
**Date of Organization: 06/12/2008**
**Type: DOMESTIC LIMITED LIABILITY COMPANY**

**FILED: NOV 3, 2023**
**OREGON SECRETARY OF STATE**

52695591-25439061
**SCHAFFNER PROPERTIES LLC** **REIANA**

:E: SCHAFFNER PROPERTIES LLC

.PPLICATION FOR REINSTATEMENT/REACTIVATION

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

·ubmit $200 for the required fees.

he above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 8/10/2023

he reason(s) for administrative dissolution has been eliminated or did not exist.

**:xecution:**
declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise ıisrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of whicl ıe person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. laking false statements in this document is against the law and may be penalized by fines, imprisonment or both.

y: _____ Date: 10/27/23
Authorized Signature)

ıy 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.

·usiness Registry
:orporation Division
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**Type: DOMESTIC LIMITED LIABILITY COMPANY**

SCHAFFNER PROPERTIES LLC
PO BOX 10233
EUGENE OR 97440

**lame of Domestic Limited Liability Company**
SCHAFFNER PROPERTIES LLC
**Jurisdiction:** OREGON

he following information is required by statute. Please complete the entire form.

**Registered Agent**
PAUL H SCHAFFNER
5154 SOLAR HEIGHTS
EUGENE OR 97405

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

**) Type of Business**

**2) Principal Place of Business** (Address,city,state,zip)
5154 SOLAR HEIGHTS
EUGENE OR 97405

**3) Mailing Address** (Address,city,state,zip)
PO BOX 10233
EUGENE OR 97440

**4)** ☑ **Member or** ☐ **Manager** (Name&Address)
PAUL H SCHAFFNER
5154 SOLAR HEIGHTS
EUGENE OR 97405

**5)** ☐ **Member or** ☐ **Manager** (Name&Address)

**xecution:**
declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise isrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of whicl ie person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. laking false statements in this document is against the law and may be penalized by fines, imprisonment or both.

**6) Signature** Paul H. Schaffner

**7) Printed Name** Paul H. Schaffner

**8) Date** 10/27/23

**9) Phone Number** 541-345-4224

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

ANRPF
10/27/2