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: 58420085
Date of Registration: 07/09/1997

FILED: DEC 21, 2023
OREGON SECRETARY OF STATE

58420085-25673342

CAL FARMS **REAABN**

Name of Assumed Business Name Registration:
CAL FARMS

Please complete and return this letter and any enclosed documents for filing the 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 is 09/02/2021

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

By Colleen Alcazno Date: 12-21-23
(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: 58420085
Date of Registration: 07/09/1997

Note: Renewal due every two years

Name of Assumed Business Name Registration:
CAL FARMS

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: 17031 S CLACKAMAS RIVER DR OREGON CITY OR 97045
(Physical Street Address)

Authorized Representative: TERRY DESYVLIA
Mailing Address: 1200 SW MAIN ST PORTLAND OR 97205

Registrant(s) - Name(s) and Physical Address(es):
CAL FARMS, INC. 17031 S CLACKAMAS RIVER DR OREGON CITY OR 97045

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) FARMING

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: Colleen Calcagno
Contact Name: Colleen Calcagno

Signature: James E. Calcagno
Phone Number: 503-631-3810

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.