

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sa

Please Type or Print Legibly in Black ink. A

REGISTRY NUMBER: 22



Free copies are available at sos.oregon.gov/business using the Business Name Search program.

ENTITY TYPE: DOMESTIC FOREIGN		223989294-26390884 YMY DESIGN-REMODEL LLC	
In accordance with Oregon Revised Statute 192.410-192.490, the information on this We must release this information to all parties upon request and it will be posted on or	application is our website.	DESIGN-REWODEL LLC	AAR
1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:			
Complete only the s	ections th	at you are updating.	
2. BUSINESS ACTIVITY	ections til	6. ADDRESS WHERE THE DIVISION MAY	MAIL NOTICES:
SAME		SAME With 0	14
3. PRINCIPAL PLACE OF BUSINESS: (Street Address)			
SAME		7. THE NEW REGISTERED AGENT HAS COI	NSENTED TO THIS
		APPOINTMENT. The entity has been notifie	
		8. THE STREET ADDRESS OF THE NEW REC	
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:		AND THE BUSINESS ADDRESS OF THE F ARE IDENTICAL.	REGISTERED AGENT
Mes fin Wollemeskel		9. INDIVIDUAL WITH DIRECT KNOWLEDG	E (Names and Addresses)
5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: Must be an Oregon Street Address, which is identical to the		List the name and address of at least one individual who shareholder of the corporation (member or manager of	is a director, or controlling
registered agent's office.	الم	representative with direct knowledge of the operations the corporation or LLC.	and business activities of
SAME	Add	Yohannes Mind	aye
		1 019 INT OHLY	7
			21 000
		- Oun. Whi 98	36 34 <u> </u>
10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LL		·	
Business and Professional Corporations list the name and address of one Professional Corporations list the name and address of one President and one			
one Treasurer (ORS 65.371). Limited Liability Companies list the names and addresses of the managers fo	•	•	
member for a member-managed limited liability company (ORS 63.787). Plea	ase attach a se	eparate sheet of paper if needed.	duress of at least one
If making changes to this section, list all current names and address	•	olaces what is currently on the record. ANAGER(S): WOW TREASURER NO	rembu
• • • • • • • • • • • • • • • • • • • •	nd Addresses)		
Mestin Woldemeskel Yohan	nnes	Habteslassie Yohan	nes mino
12692 SE Regency View 335	NE	168th Ave 11018 N	16 124 8
			
St. Happy Valley OR 97086 Part	ond	OR 97830 Nancou	uer 12A 98
11. EXECUTION: I declare as an authorized signer, under penalty	of periury	that this document does not fraudulently	conceal, obscure
alter, or otherwise misrepresent the identity of any person inclu		-	
filing has been examined by me and is, to the best of my knowle	_		alse statements in
this document is against the law and may be penalized by fines,	imprisonm		
SIGNATURE:	PRINTED N	IAME: TITLE:	
	Mesf	'n WO HEMESKEL. Pres	ident
CONTACT NAME: (To resolve questions with this filing)	FEE	S	
Mesfin Woldemesker.	No Pr	rocessing Fee	
PHONE NUMBER: (Include area code)	ı		į

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