



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: 69582592**  
**Date of Registration: 06/29/2010**

**FILED: JUN 21, 2024**  
**OREGON SECRETARY OF STATE**



69582592-26391109

CASCADE DRY CLEANERS

REAABN

**Name of Assumed Business Name Registration:**  
CASCADE DRY CLEANERS

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 08/25/2022

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

By: D. Stuif Date: 6/21/2024  
(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



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: 69582592  
Date of Registration: 06/29/2010

Note: Renewal due every two years

**Name of Assumed Business Name Registration:**

CASCADE DRY CLEANERS

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:** 11350 NE HALSEY ST PORTLAND OR 97220  
(Physical Street Address)

**Authorized Representative:** YOO CHULMIN  
**Mailing Address:** 11350 NE HALSEY ST PORTLAND OR 97220

**Registrant(s) - Name(s) and Physical Address(es):**  
CHULMIN YOO 11350 NE HALSEY ST PORTLAND OR 97220

**Counties:**

<input type="checkbox"/> BAKER	<input type="checkbox"/> CROOK	<input type="checkbox"/> HARNEY	<input type="checkbox"/> LAKE	<input type="checkbox"/> MORROW	<input type="checkbox"/> UNION
<input type="checkbox"/> BENTON	<input type="checkbox"/> CURRY	<input type="checkbox"/> HOOD RIVER	<input type="checkbox"/> LANE	<input checked="" type="checkbox"/> MULTNOMAH	<input type="checkbox"/> WALLOWA
<input type="checkbox"/> CLACKAMAS	<input type="checkbox"/> DESCHUTES	<input type="checkbox"/> JACKSON	<input type="checkbox"/> LINCOLN	<input type="checkbox"/> POLK	<input type="checkbox"/> WASCO
<input type="checkbox"/> CLATSOP	<input type="checkbox"/> DOUGLAS	<input type="checkbox"/> JEFFERSON	<input type="checkbox"/> LINN	<input type="checkbox"/> SHERMAN	<input type="checkbox"/> WASHINGTON
<input type="checkbox"/> COLUMBIA	<input type="checkbox"/> GILLIAM	<input type="checkbox"/> JOSEPHINE	<input type="checkbox"/> MALHEUR	<input type="checkbox"/> TILLAMOOK	<input type="checkbox"/> WHEELER
<input type="checkbox"/> COOS	<input type="checkbox"/> GRANT	<input type="checkbox"/> KLAMATH	<input type="checkbox"/> MARION	<input type="checkbox"/> UMATILLA	<input type="checkbox"/> YAMHILL

**Business Description:** (Primary business activity)

**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:   
Contact Name: PETER CHULMIN YOO

Signature: \_\_\_\_\_  
Phone Number: 503-957-3536

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.