



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: 74729790
Date of Registration: 02/07/2011

FILED: JUN 21, 2024
OREGON SECRETARY OF STATE



74729790-26391116

SPRINGDALE CLEANERS

REAABN

Name of Assumed Business Name Registration:
SPRINGDALE 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 04/01/2021

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

By: 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



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Registry Number: 74729790
Date of Registration: 02/07/2011

Note: Renewal due every two years

Name of Assumed Business Name Registration:
SPRINGDALE 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: 6337 SW CAPITOL HWY PORTLAND OR 97239
(Physical Street Address)

Authorized Representative: CHUL M YOO
Mailing Address: 6337 SW CAPITOL HWY PORTLAND OR 97239

Registrant(s) - Name(s) and Physical Address(es):
CHUL M YOO 6337 SW CAPITOL HWY PORTLAND OR 97239

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: *Peter Chulmin Yoo*
Contact Name: PETER CHULMIN YOO

Signature: _____
Phone Number: 563-957-3536

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.