



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/>

Registry Number: 160860293
Date of Organization: 10/24/2019
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



160860293-26394131

TIGON INVESTIGATIONS, LLC

REIANA

RE: TIGON INVESTIGATIONS, LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

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

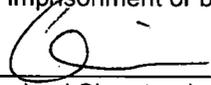
Submit \$200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 12/21/2023

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

Execution:

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. 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.

By:  Date: 6/24/2024
(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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REINSTATEMENT ANNUAL REPORT
Registry Number: 160860293
Date of Organization: 10/24/2019
Type: DOMESTIC LIMITED LIABILITY COMPANY

TIGON INVESTIGATIONS, LLC
PO BOX 12511
SALEM OR 97309

Name of Domestic Limited Liability Company

TIGON INVESTIGATIONS, LLC

Jurisdiction: OREGON

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

Registered Agent

~~REGINA MAY DANKENBRING~~ Scalf
~~4815 GIBSON ROAD NW~~ 1175 Chelsea Ave NW
~~SALEM OR 97304~~ Salem, OR. 97304

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

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)

4815 GIBSON RD NW
SALEM OR 97304

3) Mailing Address (Address,city,state,zip)

PO BOX 12511
SALEM OR 97309

4) Member or Manager (Name&Address)

~~REGINA DANKENBRING~~ Scalf
~~4815 GIBSON ROAD NW~~
~~SALEM OR 97309~~

5) Member or Manager (Name&Address)

Regina Scalf
1175 Chelsea Ave NW
Salem, OR. 97304

Execution:

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. 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.

6) Signature [Signature]

7) Printed Name Gina Dankenbring

8) Date 6/24/24

9) Phone Number 503-910-0432

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.

ANRPF1-06/24/24