



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: 98098495
Date of Organization: 12/03/2013
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



98098495-26394670

TRIPLE HE LLC

REIANA

RE: TRIPLE HE LLC

APPLICATION FOR REINSTATEMENT/REACTIVATION

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

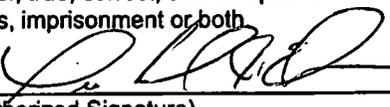
Submit \$200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 02/01/2024

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: JUNE 11, 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: 98098495
Date of Organization: 12/03/2013
Type: DOMESTIC LIMITED LIABILITY COMPANY

TRIPLE HE LLC
5213 WINTER LEAF CT N
KEIZER OR 97303

Name of Domestic Limited Liability Company

TRIPLE HE LLC

Jurisdiction: OREGON

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

Registered Agent

MICHAEL EBNER
272 N. GRANT ST.
CANBY, OR 97013

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)

272 N. GRANT ST.
CANBY, OR 97013

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

272 N. GRANT ST.
CANBY, OR 97013

4) Member or Manager (Name&Address)

MICHAEL EBNER
272 N. GRANT ST
CANBY, OR 97013

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

7) Printed Name

Michael S. Ebner

8) Date

JUNE 11, 2024

9) Phone Number

503-266-5678

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-
05/13/24