



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2024 ANNUAL REPORT

Registry Number: 214966798
Date of Organization: 7/19/2023
Fee: \$100
Due Date: 7/19/2024
Type: DOMESTIC LIMITED LIABILITY COMPANY

001088

BHAICHARA LLC
15420 SW FARMINGTON RD
BEAVERTON OR 97007

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



214966798-26393671

BHAICHARA LLC

RENANA

Name of Domestic Limited Liability Company

BHAICHARA LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

RAJWINDER SINGH SANDHU
15420 SW FARMINGTON RD
BEAVERTON, OR 97007

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

1) **Type of Business** LAND OWNER

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

3695 SW 185TH AVE
ALOHA, OR 97078

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

15420 SW FARMINGTON RD
BEAVERTON, OR 97007

4) **Member** or **Manager** (Name & Address)

RAJWINDER SINGH SANDHU
15420 SW FARMINGTON RD
BEAVERTON, OR 97007

5) **Member** or **Manager** (Name & Address)

BALBIR SINGH SANDHU
16745 SW BLANTON ST
BEAVERTON, OR 97078

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** Rajwinder sandhu

7) **Printed Name** RAJWINDER SANDHU

8) **Date** 6-23-2024

9) **Phone Number** 971-506-0733

Make check payable to "Corporation Division" and mail completed form with payment 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.