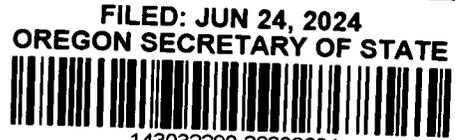




Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
<https://sos.oregon.gov/business/>

Assumed Business Name Reactivation
Registry Number: 143032290
Date of Registration: 04/16/2018



143032290-26393604
CHRONIC TACOS OREGON **REAABN**

Name of Assumed Business Name Registration:
CHRONIC TACOS OREGON

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

Submit \$100 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 06/13/2024

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



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: 143032290
Date of Registration: 04/16/2018

Note: Renewal due every two years

Name of Assumed Business Name Registration:
CHRONIC TACOS OREGON

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: 978 LIMELIGHT AVE NW SALEM OR 97304
(Physical Street Address)

Authorized Representative: BOMB CAT VENTURES LLC
Mailing Address: 978 LIMELIGHT AVE NW SALEM OR 97304

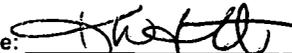
Registrant(s) - Name(s) and Physical Address(es):
BOMB CAT VENTURES LLC 978 LIMELIGHT AVE NW SALEM OR 97304

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 type="checkbox"/> MULTNOMAH | <input type="checkbox"/> WALLOWA |
| <input type="checkbox"/> CLACKAMAS | <input type="checkbox"/> DESCHUTES | <input type="checkbox"/> JACKSON | <input type="checkbox"/> LINCOLN | <input checked="" 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 checked="" type="checkbox"/> MARION | <input type="checkbox"/> UMATILLA | <input type="checkbox"/> YAMHILL |

Business Description: (Primary business activity) FAST CASUAL MEXICAN-FARE RESTAURANT

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: Kristoffer Scott

Signature: 
Phone Number: (503) 577-2182

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.