



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: 160268596
Date of Registration: 10/08/2019

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



160268596-26393451

RENTAL FIXERS

REAAABN

Name of Assumed Business Name Registration:
RENTAL FIXERS

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 11/30/2023

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

By: 
(Authorized Signature)

Date: June - 24-24

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: 160268596
Date of Registration: 10/08/2019

Note: Renewal due every two years

Name of Assumed Business Name Registration:
RENTAL FIXERS

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: 1565 SE 127TH PORTLAND OR 97233
(Physical Street Address)

Authorized Representative: NW PROPERTY MANAGEMENT AND MAINTENANCE, ...
Mailing Address: 10117 SE SUNNYSIDE RD STE F26 CLACKAMAS OR 97015

Registrant(s) - Name(s) and Physical Address(es):
NW PROPERTY MANAGEMENT
AND MAINTENANCE 1565 SE 127TH PORTLAND OR 97233

All

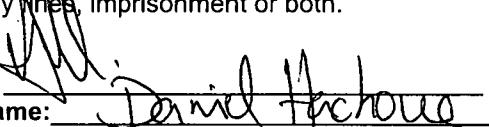
Counties:

<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"/> WALLA
<input checked="" 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) PROPERTY MAINTENANCE AND REMODELING SERVICES

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: Daniel Hochoud

Signature: _____
Phone Number: _____

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.