



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: 193248391
Date of Registration: 02/17/2022

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



193248391-26393629

FARMERS DAUGHTER FLOWERS

REAABN

Name of Assumed Business Name Registration:
FARMERS DAUGHTER FLOWERS

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 04/11/2024

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

By: *David G. [Signature]* Date: 6/17/2024
(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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Note: Renewal due every two years

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FARMERS DAUGHTER FLOWERS

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: 558 PHOENIX AVE SE SALEM OR 97306
(Physical Street Address)

Authorized Representative: DARLA JEAN RUSH
Mailing Address: 558 PHOENIX AVE SE SALEM OR 97306

Registrant(s) - Name(s) and Physical Address(es):
DARLA JEAN RUSH 558 PHOENIX AVE SE SALEM OR 97306

Counties:

BAKER	CROOK	HARNEY	LAKE	MORROW	UNION
BENTON	CURRY	HOOD RIVER	LANE	MULTNOMAH	WALLOWA
CLACKAMAS	DESCHUTES	JACKSON	LINCOLN	POLK	WASCO
CLATSOP	DOUGLAS	JEFFERSON	LINN	SHERMAN	WASHINGTON
COLUMBIA	GILLIAM	JOSEPHINE	MALHEUR	TILLAMOOK	WHEELER
COOS	GRANT	KLAMATH	<input checked="" type="checkbox"/> MARION	UMATILLA	YAMHILL

Business Description: (Primary business activity) FLOREST

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: Darla Jean Rush
Contact Name: DARLA RUSH

Signature: _____
Phone Number: 971-601-0400

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.