



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

Phone: (503) 986-2200
Fax: (503) 378-4381
www.filinginoregon.com

Registry Number: 430234-98
Date of Organization: 04/20/2007
Type: DOMESTIC LIMITED LIABILITY COMPANY

FILED

AUG 18 2011

**OREGON
SECRETARY OF STATE**

RE: BDC/LAS VEGAS THREE, 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 06/17/2011.

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

By: [Signature] Date: 8.18.2011
(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

BDC/LAS VEGAS THREE, LLC





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REINSTATEMENT ANNUAL REPORT

Registry Number: 430234-98
Date of Organization: 04/20/2007

Type: DOMESTIC LIMITED LIABILITY COMPANY

BDC/LAS VEGAS THREE, LLC
BPM SENIOR LIVING
1120 NW COUCH ST #730
PORTLAND OR 97209

Name of Domestic Limited Liability Company

BDC/LAS VEGAS THREE, LLC

Jurisdiction: OREGON

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

Registered Agent

STEVE GISH
1331 NW LOVEJOY ST #775
PORTLAND OR 97209

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

1) Type of Business

Real Estate Holding Company

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

~~1120 NW COUCH ST #730~~ 1331 NW Lovejoy ST #775
PORTLAND OR 97209

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

BPM SENIOR LIVING
~~1120 NW COUCH ST #730~~ 1331 NW Lovejoy ST #775
PORTLAND OR 97209

4) ☐ Member or ☒ Manager (Name & Address)

WALTER C BOWEN
~~1120 NW COUCH ST #730~~ 1331 NW Lovejoy ST #775
PORTLAND OR 97209

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

6) Signature

[Signature]

8) Date

8-18-2011

7) Printed Name

Walter C. Bowen

9) Daytime Phone Number

503-595-3083

Make check payable to "Corporation Division" and mail completed form with payment to
Secretary of State, Corporation Division, 255 Capitol ST NE Suite 151, Salem, OR 97310

Note: You can also fax to (503) 378-4381. Filing fees may be paid with VISA or MasterCard.
Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
08/17/11