



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

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

Registry Number: 606924-99
Date of Registration: 06/02/2009
Type: ASSUMED BUSINESS NAME

08/12/2013

CRAIG BELL
3213 WACONDA RD
GERVAIS OR 97026

FILED

SEP 03 2013

OREGON
SECRETARY OF STATE

RE: OREGON SPRINGS BOTTLED WATER
REACTIVATION

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

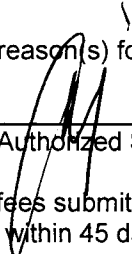
We are unable to process your document due to the following reason(s):

Submit \$50.00 for the required fees.

The above assumed business name hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 06-03-2013.

Submit \$50.00 to cover your total fees of \$100.00.

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

By:  Date: 8-20-13
(Authorized Signature)

Any fees submitted with this document are nonrefundable 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

OREGON SPRINGS BOTTLED WATER



60692499-14544256

REAABN

MAXAKE
NONFILEABLE
08/12/2013



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ABN REACTIVATION RENEWAL

Registry Number: 606924-99

Date of Registration: 06/02/2009

Type: ASSUMED BUSINESS NAME

CRAIG C BELL
 3213 WACONDA RD
 GERVAIS OR 97026

NOTE: Assumed Business Names are required to renew every two years.

Business Name

OREGON SPRINGS BOTTLED WATER

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

3213 WACONDA RD
 GERVAIS OR 97026

Authorized Representative

CRAIG C BELL
 3213 WACONDA RD
 GERVAIS OR 97026

Registrant - Name and Address

EOLA SPECIALTY FOODS, INC.

Counties:

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

Business Description (Primary business activity)

Bottled Water

Signatures: New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

Contact Name:

Julie Sandquist

Phone Number: (Please include area code.)

503, 390 1425