

11-4-14 50 4 1 100



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

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

Registry Number: 817211-94
Date of Registration: 12/16/2011
Type: ASSUMED BUSINESS NAME

CARRIE CHRISTOPHERSON
7800 NW LAMONTA RD
PRINEVILLE OR 97754

FILED

07/22/2014

NOV 06 2014

OREGON
SECRETARY OF STATE

RE: RAFTER C RANCH
REACTIVATION

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

Submit \$100.00 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 12-17-2013.

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

By: [Signature]
(Authorized Signature)

Date: 10/30/14

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

RAFTER C RANCH



81721194-15594609

REAABN

DALMOF
NONFILEABLE
07/22/2014



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ABN REACTIVATION RENEWAL

Registry Number: 817211-94

Date of Registration: 12/16/2011

Type: ASSUMED BUSINESS NAME

CARRIE L CHRISTOPHERSON
7800 NW LAMONTA RD
PRINEVILLE OR 97754

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

Business Name
RAFTER C RANCH

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

7800 NW LAMONTA RD
PRINEVILLE OR 97754

Authorized Representative

CARRIE L CHRISTOPHERSON
7800 NW LAMONTA RD
PRINEVILLE OR 97754

Registrant - Name and Address

CARRIE L CHRISTOPHERSON
7800 NW LAMONTA RD
PRINEVILLE OR 97754

Registrant - Name and Address

MICHAEL J CHASTAIN
7800 NW LAMONTA RD
PRINEVILLE OR 97754

Counties:

- | | | | | | |
|------------------------------------|---|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> BAKER | <input checked="" 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 checked="" 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)

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

Contact Name:

Carrie Christopherson

Phone Number: (Please include area code.) 503-480-4100