



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

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

Registry Number: 705736-97  
Date of Registration: 08/04/2010  
Type: ASSUMED BUSINESS NAME

**FILED**

06/09/2015

DWON  
OR

JUN 17 2015

RE: OREGON PHOTO SAFARIS  
REACTIVATION

OREGON  
SECRETARY OF STATE

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 \$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 08/21/2014.

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

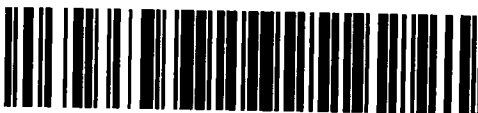
By: Dwon Guvenir  
(Authorized Signature)

Date: 6-10-15

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 PHOTO SAFARIS



70573697-16165127

REABN

HEAWIL  
NONFILEABLE  
06/09/2015



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

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

**ABN REACTIVATION RENEWAL**

**Registry Number: 705736-97**

**Date of Registration: 08/04/2010**

**Type: ASSUMED BUSINESS NAME**

DWON K GUVENIR  
 1478 BUCK ST  
 WEST LINN OR 97068

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

**Business Name**

OREGON PHOTO SAFARIS

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**

1478 BUCK ST  
 WEST LINN OR 97068

**Authorized Representative**

DWON K GUVENIR  
 1478 BUCK ST  
 WEST LINN OR 97068

**Registrant - Name and Address**

GUVENIR UNLIMITED, 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)**

photography classes

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

By my signature, I declare as an authorized 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.

Dwon Guvenir

Contact Name: Dwon Guvenir

Phone Number: (include area code) 503 999 4321