



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

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

Assumed Business Name Reactivation
Registry Number: 55336490
Date of Registration: 10/14/2008

REFTOWN.COM

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

FILED

NOV 08 2017

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 10/15/2016

OREGON
SECRETARY OF STATE

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

By: 

(Authorized Signature)

Date: 11/8/17

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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55336490-18447108

REAABN



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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: 915 SW HUNTER ST DALLAS OR 97338
(Physical Street Address)

Authorized Representative: RICHARD A ROHDE
Mailing Address: ~~PO BOX 940 DALLAS OR 97338~~

Registrant(s) - Name(s) and Physical Address(es):
RICH ROHDE 915 SW HUNTER ST DALLAS OR 97338

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)

Software.

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: [Signature]

Signature: _____

Contact Name: RICH ROHDE

Phone Number: 503-623-3880

Make check payable to "Corporation Division" and mail completed form with payment 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.