



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

**Assumed Business Name Reactivation**  
**Registry Number: 106752298**  
**Date of Registration: 12/09/2014**

**ALERT EQUIPMENT UNLIMITED**

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


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 12/10/2016

**FILED**

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

**DEC 19 2017**

By:  Date: 12/10/2017  
(Authorized Signature)

**OREGON  
SECRETARY OF STATE**

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

**ALERT EQUIPMENT UNLIMITED**



106752298-18603946

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:** 8171 DEER CREEK RD SELMA OR 97538  
(Physical Street Address)

**Authorized Representative:** YVONNE COMPANY  
**Mailing Address:** PO BOX 911 SELMA OR 97538

**Registrant(s) - Name(s) and Physical Address(es):**  
JAVIER COMPANY 8171 DEER CREEK RD SELMA OR 97538  
YVONNE COMPANY 8171 DEER CREEK RD SELMA OR 97538

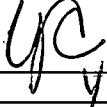
**Counties:**

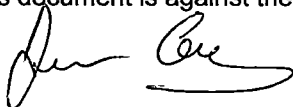
<input checked="" type="checkbox"/> BAKER	<input checked="" type="checkbox"/> CROOK	<input checked="" type="checkbox"/> HARNEY	<input checked="" type="checkbox"/> LAKE	<input checked="" type="checkbox"/> MORROW	<input checked="" type="checkbox"/> UNION
<input checked="" type="checkbox"/> BENTON	<input 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) FIELD SERVICE AND REPAIR

**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:**   
**Contact Name:** YVONNE COMPANY

**Signature:**   
**Phone Number:** 541-660-7725

Make check payable to "Corporation Division" and mail 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.