



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: 632596
Date of Registration: 02/28/2001

METROPOL BAKERY

FILED
JAN 17 2018

Please complete and return this letter and any enclosed documents for filing the requested reinstatement of the assumed business name.

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 03/01/2017

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

By: Donna M. [Signature]
(Authorized Signature)

Date: 1/5/17

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

METROPOL BAKERY



632596-18685073

REAABN



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METROPOL BAKERY

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: 2538 WILLAMETTE ST EUGENE OR 97405
(Physical Street Address)

Authorized Representative: DONNA MCGUINNESS JR. *not correct*
Mailing Address: PO BOX 51435 EUGENE OR 97405

Registrant(s) - Name(s) and Physical Address(es):
METROPOL CORPORATION OR

Counties:

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

Business Description: (Primary business activity)

Retail, Wholesale Bakery

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: Donna McGuinness
Contact Name: Donna McGuinness

Signature: _____
Phone Number: 541-465-4730

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.