# **AMENDED ANNUAL REPORT**



### **E-FILED**

Nov 30, 2018

#### **OREGON SECRETARY OF STATE**

#### **REGISTRY NUMBER**

127781896

#### **REGISTRATION DATE**

12/27/2016

### **BUSINESS NAME**

OREGON'S TOP SHELF, LLC

## **BUSINESS ACTIVITY**

ANY BUSINESS ACTIVITY THAT IS LEGAL UNDER THE LAWS OF THE STATE OF OREGON.

### **MAILING ADDRESS**

PO BOX 96

COTTAGE GROVE OR 97424 USA

### **TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

#### PRIMARY PLACE OF BUSINESS

34042 SCOTT RD

COTTAGE GROVE OR 97424 USA

### **JURISDICTION**

**OREGON** 

#### **REGISTERED AGENT**

TREVOR J LOCKWARD

34042 SCOTT ROAD

COTTAGE GROVE OR 97424 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

#### **MEMBER**

TREVOR J LOCKWARD

34042 SCOTT ROAD

**COTTAGE GROVE OR 97424 USA** 



#### **OREGON SECRETARY OF STATE**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

#### **ELECTRONIC SIGNATURE**

**NAME** 

KATHRYN (CASSIE) PETERS

**TITLE** 

**ATTORNEY** 

**DATE SIGNED** 

11-30-2018