

Application for Authority to Transact Business - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 Check the appropriate box below: FOREIGN BUSINESS CORPORATION FILED (Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11) FOREIGN PROFESSIONAL CORPORATION SFP 17 2019 (Complete all items) REGISTRY NUMBER: For office use only In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. For office use only We must release this information to all parties upon request and it will be posted on our website. Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. 1) NAME OF CORPORATION: ALSO RAN, INC. NOTE: Must be identical to the name of record in home jurisdiction. 2) REGISTRY NUMBER IN HOME JURISDICTION 8) ADDRESS FOR MAILING NOTICES: 21650 OXNARD STREET, STE. 350 OR: CERTIFICATE OF EXISTENCE (ATTACHED) (Please provide a web-verifiable registry number from the entity's home WOODLAND HILLS, CA 91367 jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.) Name and Address of President and Secretary: 3) DATE OF INCORPORATION: **DURATION, IF NOT PERPETUAL: 9)** 12/20/2006 TIM ORR President: 21650 OXNARD STREET, STE. 350 Address: 4) STATE OR COUNTRY OF ORGANIZATION: **CALIFORNIA** WOODLAND HILLS, CA 91367 5) Address of Principal Office of the Business: TIM ORR Secretary: (Address, city, state, zip) 21650 OXNARD STREET, STE. 350 21650 OXNARD STREET, STE. 350 Address: WOODLAND HILLS, CA 91367 WOODLAND HILLS, CA 91367 Name of Oregon Registered Agent: UNISEARCH PROFESSIONAL CORPORATION ONLY 7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be PROFESSIONAL/BUSINESS SERVICES: (List professional service(s) and other an Oregon Street Address which is identical to the registered agent's business office.) business services, if applicable, to be rendered.) 698 12TH ST SE STE 200 **SALEM OR 97301** 11) EXECUTION: (Must be signed by at least one officer or director.) I declare as an authorized signer, 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, directors, employees or agents of the corporation. 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: Printed Name: Title: TIM ORR PRESIDENT CONTACT NAME: (To resolve questions with this filing.) FEES

STEVEN SHAPIRO

PHONE NUMBER: (Please include area code.)

818-981-3115

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