



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

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

Registry Number: 71817481  
Date of Incorporation: 10/29/1999  
Type: DOMESTIC BUSINESS CORPORATION

**FILED**

**JAN 27 2020**

OREGON  
SECRETARY OF STATE

RE: VIA, INC.

APPLICATION FOR REINSTATEMENT/REACTIVATION

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

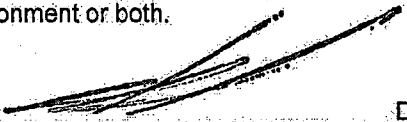
Submit \$200 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 01/16/2020

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

Execution:

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, directors, employees or agents of the corporation 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:  Date: 1/27/20  
(Authorized Signature) Kristen Giovanis

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

VIA, INC.



71817481-20769607

REIANA



Secretary of State  
Corporation Division  
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**REINSTATEMENT ANNUAL REPORT**  
**Registry Number: 71817481**  
**Date of Incorporation: 10/29/1999**  
**Type: DOMESTIC BUSINESS CORPORATION**

VIA, INC.  
1600 UTICA AVE S  
MINNEAPOLIS MN 55416

**Name of Domestic Business Corporation**

VIA, INC.

**Jurisdiction: OREGON**

The following information is required by statute. Please complete the entire form.

**Registered Agent**  
CORPORATION SERVICE COMPANY  
700 SW TAYLOR STREET  
PORTLAND OR 97205

If the Registered Agent has changed,  
the new agent has consented to the appointment. Oregon  
street address required.

**1) Type of Business**

**2) Principal Place of Business (Address,city,state,zip)**  
1600 UTICA AVE S  
MINNEAPOLIS MN 55416

**3) Mailing Address (Address,city,state,zip)**  
1600 UTICA AVE S  
MINNEAPOLIS MN 55416

**4) President (Name & Address)**  
KRISTEN GIOVANIS  
1600 UTICA AVE S  
MINNEAPOLIS MN 55416

**5) Secretary (Name & Address)**  
~~KARIN WILSON~~ PETER OFFENHAUSER  
1600 UTICA AVE S  
MINNEAPOLIS MN 55416

**Execution:**

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, directors, employees or agents of the corporation 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.

**6) Signature** 

**7) Printed Name** Kristen Giovanis

**8) Date** 1/27/20

**9) Phone Number** 612 767-0000

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.

ANRPF1-  
01/22/20