28-Dec-2023 00:12

2024 - ANNUAL REPORT INSTRUCTION FORM (Oregon LLCs) FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM, PLEASE PRINT. Custum Notice Date 12/15/2023 CAMERICA Business Andress THE REPORT OF THE PROPERTY OF THE PARTY OF T արովը դինեն կլիլիիրի ու գիտնի հինայի արև արև արև արև արև արև արև հիների ի Please Respond By: 01/19/2024 For Timely Fulfillment Oregon have secure invited trability companies registered to do Justings, in the date betange, the are though experting does not life an a most report within 45 days after the due date, it may be at risk for penalties. OREGON REVISED STATUTES § 63.787: "A domestic limited liability company, and a foreign limited liability company authorized to transact business in this state, shall by the limited liability company's an niversary deliver to the office of the Secretary of State for filing an If the business entity is still in active status, W.C.S., a third-party private entity, will assist for a fee in the filling of your annual report. W.C.S. IS NOT A GOVERNMENT AGENCY AND DOES NOT HAY'E A CONTRACT WITH ANY GOVERNMENTAL AGENCY TO PROVIDE THIS SERVICE. To utilize this service, follow the steps below. W.C.S. will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with \$22\$5.00 in the enclosed envelope. Please respond today! STEP 1. Verify the accuracy of the pre-printed business information. Make any necessary changes and complete any missing information. Name of Domestic Limited Liability Company incipal Place of Business Junstkeben OREGON Matino Address STEP 2. Registered Agent (make changes where necessary Cenislated Ases Lin an Registered Agent. Address (cannot be a PO Box) Registered Agent Nurroer STEP 3. Provide the names and addresses of all managers (if LLC is manager-managed) or of at least one member (if LLC is member-managed). Attach an additional sheet if necessary. Manager or Managing Member Nam ☐ Member ☐ Manager Manager or Managing Member Address Manager of Managing Member Name Manager or Managing Member Address Manager or Managing Member Hama ☐ Member ☐ Manager Manager or Managing Member Address STEP 4. PAYMENT INFORMATION Complete payment to the Tyour annual report. Please make your ched;k payable to: Further assistance: CHECK ENCLOSED FOR \$226.00 W.C.S. Call (971) 231-0138 2755 Commercial St. SE. Ste. 101-260 Salem, OR 973 02 100 = Slale Fee All orders will be fulfilled from our corporate 125 = W.C.S. Fee office at 7718 Northport, Lansing, MI 48917 \$225 - TOTAL ALL W.C.S. PROCESSING FEES ARE 100% FULLY GUARANTEED. STEP 5. I authorize an electronic signature on behalf of the above named LLC. I understand that W.C.S., a private entity, is not a government agency and is not providing legal advice. Th is is not an invoice and I am not required to use W.C.S.'s and accurate as of the date of my signature below services. I verify that the information provided is current Signature (to be signed by a menager, managing member or other authorized member) "REQ Prick Name Clearly Emaladdress "REQUIRED" Dale Tito Phone THE STATE OF OREGON ANNUAL REPORT CAN BE FILED

OW.C.S. ESPAÑOL EN EL REVERSO

for office ND: 12/15/2

DIRECTLY WITH THE STATE FOR THE STATUTORY \$1(00 FEE. CID:

Please Respond By 01/19/2024 For Timely Fulfillment