

RENEWAL OF REGISTRATION



Corporation Division
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E-FILED
May 22, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

94341790

REGISTRATION DATE

06/10/2013

BUSINESS NAME

FAMILY HELP & WELLNESS

BUSINESS ACTIVITY

MANAGEMENT CONSULTING

TYPE

ASSUMED BUSINESS NAME

PRIMARY PLACE OF BUSINESS

530 CENTER ST NE STE 700
SALEM OR 97301 USA

JURISDICTION

OREGON

COUNTIES

BAKER, BENTON, CLACKAMAS, CLATSOP, COLUMBIA, COOS, CROOK, CURRY, DESCHUTES, DOUGLAS, GILLIAM, GRANT, HARNEY, HOOD RIVER, JACKSON, JEFFERSON, JOSEPHINE, KLAMATH, LAKE, LANE, LINCOLN, LINN, MALHEUR, MARION, MORROW, MULTNOMAH, POLK, SHERMAN, TILLAMOOK, UMATILLA, UNION, WALLOWA, WASCO, WASHINGTON, WHEELER, YAMHILL

AUTHORIZED REPRESENTATIVE

TIM DUPELL

530 CENTER ST NE STE 700
SALEM OR 97301 USA

REGISTRANT/OWNER

49356595 - WILDERNESS TRAINING & CONSULTING, LLC

530 CENTER ST NE STE 700
SALEM OR 97301 USA



I declare as an authorized signer, 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.

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

WAYNE LAIRD

TITLE

AUTHORIZED REPRESENTATIVE

DATE SIGNED

05-22-2019