



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

Phone: (503) 986-2200
www.filinginoregon.com

Assumed Business Name Reactivation
Registry Number: 94341790
Date of Registration: 06/10/2013

FAMILY HELP & WELLNESS

FILED

JUN 09 2016

**OREGON
SECRETARY OF STATE**

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

Submit \$100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 06/11/2015

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

By:  Date: 6-6-16
(Authorized Signature)

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

FAMILY HELP & WELLNESS



94341790-17085629

REAABN



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The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

Principal Place of Business: ~~530 Center St NE Ste 700, Salem, OR 97301~~
(Physical Street Address) 530 Center St NE Ste 700, Salem, OR 97301

Authorized Representative: TIM DUPELL
Mailing Address: ~~530 Center St NE Ste 700, Salem, OR 97301~~
530 Center St NE Ste 700, Salem, OR 97301

Registrant(s) - Name(s) and Physical Address(es):

WILDERNESS TRAINING &
CONSULTING, LLC
530 Center St NE Ste 700, Salem, OR 97301

Counties:

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

Business Description: (Primary business activity)

Signatures: New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing authority, 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.

Signature: [Signature] **Signature:** _____

Contact Name: Cindee Gannon **Phone Number:** 541-749-4043

Make check payable to "Corporation Division" and mail completed form with payment 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.