2019 – ANNUAL REPORT INSTRUCTION FORM

(Oregon LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Customer ID Number	Notice Date	Registry Number	Date of Organization
[redacted]	[redacted]	[redacted]	[redacted]

WCS address

Business Address
7718 Northport Drive
Lansing, MI 48917
[redacted]

Info. updated 4/2/19

Please Respond By: 3/1/19

Oregon laws require limited liability companies registered to do business in the State to timely file an annual report every year. If [redacted] does not file an annual 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 anniversary deliver to the office of the Secretary of State for filing an annual report…"

If the business entity is still in use, Workplace Compliance Services, a private entity, will assist for a fee in the filing of your annual report.

WORKPLACE COMPLIANCE SERVICES IS NOT A GOVERNMENT AGENCY AND DOES NOT HAVE A CONTRACT WITH ANY GOVERNMENTAL AGENCY TO PROVIDE THIS SERVICE.

To utilize this service, follow the steps below. Workplace Compliance Services will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with **$185.00** 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	LLC State ID
[redacted]	[redacted]
Principal Place of Business	**Jurisdiction**
[redacted]	Oregon
Mailing Address	
[redacted]	

STEP 2. Registered Agent (make changes where necessary)

Registered Agent Name	Registered Agent is an
[redacted]	☒ Individual ☐ Entity of Record (registered in OR)
Registered Agent Address (cannot be a PO Box)	**Registry Number**
[redacted]	

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 Name	Are they a Member or Manager?
[redacted]	☒ Member ☐ Manager
Manager or Managing Member Address	
[redacted]	
Manager or Managing Member Name	**Are they a Member or Manager?**
[redacted]	☒ Member ☐ Manager
Manager or Managing Member Address	
[redacted]	
Manager or Managing Member Name	**Are they a Member or Manager?**
	☐ Member ☐ Manager
Manager or Managing Member Address	

STEP 4. PAYMENT INFORMATION Complete payment to file your annual report. All services are fully guaranteed.

☐ **CHECK ENCLOSED FOR $185**

Price includes state fee and a processing fee.

Please make your check payable to:
WORKPLACE COMPLIANCE SERVICES
2755 Commercial St. SE, Ste. 101-260
Salem, OR 97302

Further assistance:
Call (877) 770-3555
Service cannot be completed unless your completed form is accepted by Workplace Compliance Services. You will be informed of acceptance by return mail.

STEP 5. I authorize an electronic signature on behalf of the above-named LLC. I understand that Workplace Compliance Services is not a government agency and is not providing legal advice. I verify that the information provided is current and accurate as of today's date.

Signature (to be signed by a manager, managing member or other authorized member) **REQUIRED**	Print Name Clearly	
Title	Email Address **REQUIRED**	Phone

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for office use only **ND:2/7/19 CID:F62894001**

Please Respond By 3/1/19