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OREGON SECRETARY OF STATE

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11-29-2018

10:49

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
745874-87	DLLC	ACT	OREGON	04-04-2000	04-04-2019	
Entity Name	HARRISON INDUSTRIES, LLC					
Foreign Name						

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Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	10355 LIBERTY RD S					
Addr 2						
CSZ	SALEM	OR	97306		Country	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT			Start Date	12-23-2011	Resign Date	
Name	KENNETH	O	HARRISON					
Addr 1	10355 LIBERTY RD S							
Addr 2								
CSZ	SALEM	OR	97306			Country	UNITED STATES OF AMERICA	

Type	MEM MEMBER				Resign Date	
Not of Record	KENNETH O HARRISON, TRUSTEE OF THE KENNETH O HARRISON REVOCABLE LIVING TRUST DATED OCTOBER 23, 1997					
Addr 1	10355 LIBERTY RD S					
Addr 2						
CSZ	SALEM	OR	97306		Country	UNITED STATES OF AMERICA

Type	MEM	MEMBER		Resign Date	
Not of Record	KEVIN C HARRISON, TRUSTEE OF THE KEVIN C HARRISON LIVING TRUST DATED FEBRUARY 2, 2001				

Addr 1	10355 LIBERTY RD S					
Addr 2						
CSZ	SALEM	OR	97306		Country	UNITED STATES OF AMERICA

Type	MGR	MANAGER			Resign Date	
Name	KEVIN	C	HARRISON			
Addr 1	10355 LIBERTY RD S					
Addr 2						
CSZ	SALEM	OR	97306		Country	UNITED STATES OF AMERICA


Type	MGR	MANAGER			Resign Date	
Name	KENNETH	O	HARRISON			
Addr 1	10355 LIBERTY RD S					
Addr 2						
CSZ	SALEM	OR	97306		Country	UNITED STATES OF AMERICA

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Business Entity Name	Name Type	Name Status	Start Date	End Date
HARRISON INDUSTRIES, LLC	EN	CUR	04-04-2000	

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Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	ANNUAL REPORT PAYMENT	03-15-2018		SYS		
	ANNUAL REPORT PAYMENT	03-01-2017		SYS		
	ANNUAL REPORT PAYMENT	03-15-2016		SYS		
	ANNUAL REPORT PAYMENT	03-12-2015		SYS		
	ANNUAL REPORT PAYMENT	02-24-2014		SYS		
	ANNUAL REPORT PAYMENT	03-13-2013		SYS		
	ANNUAL REPORT PAYMENT	03-13-2012		SYS		
		12-23-2011		FI	Agent	

	AMNDMT TO ANNUAL RPT/INFO STATEMENT					
	ANNUAL REPORT PAYMENT	02-23-2011		SYS		
	ANNUAL REPORT PAYMENT	02-23-2010		SYS		
	ANNUAL REPORT PAYMENT	02-24-2009		SYS		
	ANNUAL REPORT PAYMENT	03-12-2008		SYS		
	ANNUAL REPORT PAYMENT	03-22-2007		SYS		
	ANNUAL REPORT PAYMENT	03-13-2006		SYS		
	ANNUAL REPORT PAYMENT	03-14-2005		SYS		
	ANNUAL REPORT PAYMENT	03-23-2004		SYS		
	ANNUAL REPORT	03-24-2003		FI		
	ANNUAL REPORT PAYMENT	03-28-2002		SYS		
	AMENDED ANNUAL REPORT	03-07-2001		FI		
	NB AMENDMENT	04-12-2000		FI		
	NEW FILING	04-04-2000		FI		

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 please contact : corporation.division@state.or.us

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**Amendment to Annual Report - Limited Liability Company**Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200**FILED****DEC 28 2011****OREGON
SECRETARY OF STATE**REGISTRY NUMBER: 745874-87ENTITY TYPE: ☒ DOMESTIC ☐ FOREIGN

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink.

1) NAME OF ENTITY: Harrison Industries, LLC

2) PRINCIPAL PLACE OF BUSINESS: (Street Address)

10355 Liberty Road SouthSalem, OR 97306

3) ADDRESS FOR MAILING NOTICES:

10355 Liberty Road SouthSalem, OR 97306

4) THE REGISTERED AGENT HAS BEEN CHANGED TO:

Kenneth O. Harrison

5) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

6) ADDRESS OF THE NEW REGISTERED OFFICE: (Must be an Oregon
Street Address which is identical to the registered agent's business office.10355 Liberty Road SouthSalem, OR 973067) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE
BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

8) NOTIFICATION:

☒ The entity has been notified in writing of this change.**LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES**

9) MEMBERS: (Name and street address)

Kenneth O. Harrison, Trustee of the Kenneth O.
Harrison Revocable Living Trust dated October 23, 1997
10355 Liberty Road South
Salem, OR 97306

Kevin C. Harrison, Trustee of the Kevin C.
Harrison Living Trust dated February 2, 2001
10355 Liberty Road South
Salem, OR 97306

10) MANAGERS: (Name and street address)

Kenneth O. Harrison
10355 Liberty Road South
Salem, OR 97306

Kevin C. Harrison
10355 Liberty Road South
Salem, OR 97306

11) EXECUTION: (Must be signed by at least one member or manager.)

By my signature, I declare as an authorized 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: *Kenneth O. Harrison*Printed Name: Kenneth O. HarrisonTitle: ManagerDate: 10/01/11

CONTACT NAME: (To resolve questions with this filing.)

Gordon R. Hanna

PHONE NUMBER: (Include area code.)

(503) 581-1501**HARRISON INDUSTRIES, LLC**

74587487-13181843

AAR

CITY OF Salem
AT YOUR SERVICE

Traffic Engineering Section
Public Works Department
555 Liberty Street SE, Room 325 Telephone: 503-588-6211
Salem, Oregon 97301-3513 TTY: 503-588-6292

Trip Generation Estimate

Street _____
Bin # _____ TGE # _____
Date Received _____

Section 1 (To be completed by applicant.)

Applicant Name: Brandie Dalton Telephone: 503-363-9227
Applicant Mailing Address: 1155 13th St SE / Salem / OR / 97302
Location of New Development: 5871 Liberty Rd
(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)
Description and Size of New Development: CPC/2C - RA to RM II (15.8 acres)
(e.g., 150 single-family homes, 20,000 sq. ft. office addition, 12-pump gas station, 50-student day care, additional parking, etc.)
Description and Size of Existing/Past Development, if any (note whether to remain or be removed):
Vacant Land / 15.8 acres
Planning Action Involved, if any: CPC/2C Building Permit Involved:
(e.g., zone change, subdivision, partition, conditional use, PUD, mobile home park, etc.) Yes ☐ No ☒

Section 2 (To be completed by City staff.)

Proposed Use	Existing Use
Development Quantity: _____	Development Quantity: _____
ITE Land Use Code: _____	ITE Land Use Code: _____
Trip Generation Rate/Equation: _____	Trip Generation Rate or Equation: _____
Average Daily Trips: _____	Average Daily Trips: _____
ELNDT Adjustment Factors	ELNDT Adjustment Factors
Trip Length: _____ Linked Trip: _____	Trip Length: _____ Linked Trip: _____
TSDC Trips: _____	TSDC Trips: _____

Section 3 (To be completed by City staff.)

Transportation Impact Analysis (TIA)	Transportation Systems Development Charge
Net Increase in Average Daily Trips: _____ (Proposed use minus existing use.)	Net Increase in TSDC Trips: _____ (Proposed use minus existing use.)
<input type="checkbox"/> A TIA will be required: <input type="checkbox"/> Arterial/Collector—1000 Trip/day Threshold <input type="checkbox"/> Local Street/Alley—200 Trip/day Threshold <input type="checkbox"/> Other: _____	<input type="checkbox"/> A TSDC will be required. (Fee determined by Development Services.)
<input type="checkbox"/> A TIA will not be required.	<input type="checkbox"/> A TSDC will not be required.

(For additional information, refer to the back of this application.)

Section 4 (To be completed by City staff.)

Remarks: _____ Date: _____

cc: ☐ Chief Development Services Engineer
☐ Community Development
☐ Building Permit Application
☐ _____

By: _____