



Phone: (503) 986-2200  
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**Assumed Business Name—New Registration**

Secretary of State  
 Corporation Division  
 255 Capitol St. NE, Suite 151  
 Salem, OR 97310-1327  
 FilingInOregon.com

**REGISTRY NUMBER:** \_\_\_\_\_  
 For office use only

In accordance with Oregon Revised Statute 192.410-192.490, **all information on this form is publicly available, including addresses.**

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**. Attach Additional Sheet if Necessary.

**1) ASSUMED BUSINESS NAME** (To be registered)

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

**2) DESCRIPTION OF BUSINESS** (Primary business activity)

\_\_\_\_\_  
 \_\_\_\_\_

**4) WHO IS AUTHORIZED TO REPRESENT THE OWNERS (AUTHORIZED REPRESENTATIVE)** (One name only)

**5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**

**3) PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6) NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES** (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY/STATE/ZIP</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

- 7) COUNTIES**
- |                                    |                                    |                                     |                                  |                                    |                                     |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker     | <input type="checkbox"/> Crook     | <input type="checkbox"/> Harney     | <input type="checkbox"/> Lake    | <input type="checkbox"/> Morrow    | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Benton    | <input type="checkbox"/> Curry     | <input type="checkbox"/> Hood River | <input type="checkbox"/> Lane    | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Willamette |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk      | <input type="checkbox"/> Wasco      |
| <input type="checkbox"/> Clatsop   | <input type="checkbox"/> Douglas   | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Linn    | <input type="checkbox"/> Sherman   | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Gilliam   | <input type="checkbox"/> Josephine  | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Coos      | <input type="checkbox"/> Grant     | <input type="checkbox"/> Klamath    | <input type="checkbox"/> Marion  | <input type="checkbox"/> Umatilla  | <input type="checkbox"/> Yamhill    |
- ALL COUNTIES** (Statewide)

**8) EXECUTION/SIGNATURE(S)** (All owners/registrants must sign.)  
 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	Printed Name
_____	_____
_____	_____
_____	_____

**FEES**

Required Processing Fee \$50  
 Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to  
 "Corporation Division."

**NOTE:**

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

**9) CONTACT NAME** (To resolve questions with this filing.)

**DAYTIME PHONE NUMBER** (Include area code.)

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