



Phone: (503) 986-2200
Fax: (503) 378-4381

Assumed Business Name – Amendment

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

REGISTRY NUMBER: _____

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**. Attach Additional Sheet if Necessary.

To change business name use new registration, Form 101.

1) **ASSUMED BUSINESS NAME:** _____

2) **DESCRIPTION OF BUSINESS**

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING NEW

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

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**

6) **REGISTRANTS/OWNERS** (List name and publicly available **street** address of each person or entity who will conduct or transact business under the assumed business name.) (All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

NEW REGISTRANTS (Name, Street Address)	CONTINUING REGISTRANTS (Name, Street Address)	WITHDRAWING REGISTRANTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 7) **COUNTIES**
- | | | | | | | |
|---|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> ALL COUNTIES (Statewide) | <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"/> Wallowa | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk | <input type="checkbox"/> Sherman | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Linn | <input type="checkbox"/> Sherman | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill |
| <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill | |

8) **SIGNATURES** Any change requires a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. If there is a change of Authorized Representative, all registrants must sign.

9) **CONTACT NAME** (To resolve questions with this filing.) _____ **DAYTIME PHONE NUMBER** (Include area code.) _____

FEES
No Processing Fee Confirmation Copy (Optional) \$5.