



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

Assumed Business Name - Cancellation

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.

1) **ASSUMED BUSINESS NAME:** _____

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

3) **SIGNATURES** (Authorized Representative or All Registrants must sign.)

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

DAYTIME PHONE NUMBER (Include area code.)

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.