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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
FilingInOregon.com

REGISTRY NUMBER: _____

ENTITY 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**.

To change the Registered Agent, use Change of Registered Agent/Address, Form 131

1) **NAME OF ENTITY** _____

2) **PRINCIPAL PLACE OF BUSINESS** (Street Address)

3) **ADDRESS FOR MAILING NOTICES**

LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

4) **MEMBERS** (Name and street address)

5) **MANAGERS** (Name and street address)

6) **EXECUTION**
Signature: _____
Printed Name: _____
Title: _____
Date: _____

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

DAYTIME PHONE NUMBER (Include area code.)

| |
|-------------------|
| FEES |
| No Processing Fee |