



**Assumed Business Name - New Registration**

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

**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:** (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)

\_\_\_\_\_

**3. PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

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

**5. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

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

**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.)

Name	Street Address	City	State	Zip
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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"/> Wallowa    |
| <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    |

**8. EXECUTION/SIGNATURE(S):** (All owners/registrants must sign)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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:**

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

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

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

**PHONE NUMBER:** (Include area code)

\_\_\_\_\_

FEES	
Required Processing Fee	\$50
Assumed Business Name filings are good for 2 years	
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".	
Free copies are available at sos.oregon.gov/business using the Business Name Search program	