

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

Check the appropriate box below:  THIS IS A NONPROFIT  THIS IS A BUSINESS/PROFESSIONAL  THIS IS A LIMITED LIABILITY COMPANY  THIS IS A LIMITED PARTNERSHIP	Check the appropriate box  THIS IS A NEW REGIST  THIS IS A RE-REGIST	STRATION
REGISTRY NUMBER:		
In accordance with Oregon Revised Statute 192.410-192 We must release this information to all parties upon requ	.490, the information on this application is public record. uest and it will be posted on our website.	For office use only
Please Type or Print Legibly in <b>Black</b> Ink. Attach Ad 1) <b>NAME OF BUSINESS:</b>	Iditional Sheet if Necessary.	
STATE OR COUNTRY OF FORMATION: (Include authenticated by the official having custody of	e a certificate of existence, current within 60 days of the records in the jurisdiction of formation.)	delivery to the division,
3) DATE OF FORMATION:		
4) THE BUSINESS IS NOT CARRYING ON OR DOIN 5) APPLICANT'S NAME AND ADDRESS:	IG BUSINESS IN THE STATE OF OREGON.	
6) <b>EXECUTION:</b> (Must be signed by an officer or digeneral partner for a limited partnership.)	lirector for a corporation, a member or manager for	r a limited liability company, or a
misrepresent the identity of any person including	of perjury, that this document does not fraudulently officers, directors, employees, members, managered dge and belief, true, correct and complete. Making aprisonment, or both.	s or agents. This filing has been
Signature:	Printed Name:	Title:
CONTACT NAME: (To resolve questions with this filing.)  PHONE NUMBER: (Include area code.)	FEES  Foreign Nonprofit Required Processing Fee All Other Foreign Required Processing Fee Processing Fees are nonrefundable. Plea	
211 - Application to Register or Re-register Rusiness Name (11/17)		