



**Application to Register or Re-register Business Name**

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 below:**

- THIS IS A NEW REGISTRATION
- THIS IS A RE-REGISTRATION

**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) **NAME OF BUSINESS:**

\_\_\_\_\_

2) **STATE OR COUNTRY OF FORMATION:** (Include a certificate of existence, current within 60 days of delivery to the division, authenticated by the official having custody of the records in the jurisdiction of formation.)

\_\_\_\_\_

3) **DATE OF FORMATION:**

\_\_\_\_\_

4) **THE BUSINESS IS NOT CARRYING ON OR DOING BUSINESS IN THE STATE OF OREGON.**

5) **APPLICANT'S NAME AND ADDRESS:**

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

6) **EXECUTION:** (Must be signed by an officer or director for a corporation, a member or manager for a limited liability company, or a general partner for a limited partnership.)

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:

Title:

\_\_\_\_\_

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

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

FEES	
Foreign Nonprofit Required Processing Fee	\$50
All Other Foreign Required Processing Fee	\$275
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	