



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) THE UNDERSIGNED APPLIES TO RESERVE THE FOLLOWING NAME FOR THE PERIOD OF 120 DAYS:**

(Reserving a name does not allow an individual to conduct business under this name. An Assumed Business Name cannot be reserved.)

Note: Use the appropriate designation for the entity type.

Business Corporations: Corporation, Incorporated, Limited, Company, Corp., Inc., Ltd., or Co.
Professional Corporations: Professional Corporation, Prof. Corp., or P.C.
Cooperative Corporations: Cooperative or Co-op (not required).
Nonprofit Corporations: No corporate designation required.
Limited Partnerships: Limited Partnership (without abbreviation).
Limited Liability Companies: Limited Liability Company or L.L.C.

2) APPLICANT'S NAME AND ADDRESS:**3) MAILING ADDRESS:** (If different)**4) EXECUTION:** (Must be signed by the applicant.)

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**

Required Processing Fee \$100

Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."