

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

RE	GISTRY	NUMBER:					
			te 192.410-192.490, the inform		blic record.	For office use only	
Plea	se Type	or Print Legibly in Black Ink.	Attach Additional Sheet if Neo	essary.			
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: Professional Corporations: Cooperative Corporations: Nonprofit Corporations: Limited Partnerships: Limited Liability Companies:	Corporation, Incorporated, Lin Professional Corporation, Pro Cooperative or Co-op (not red No corporate designation req Limited Partnership (without a Limited Liability Company or	quired). uired. abbreviation).	Ltd., or Co.		
2)	APPLICANT'S NAME AND ADDRESS:						
3)	MAILIN	IG ADDRESS: (If different)					
4) I d ide	EXECUTION: (Must be signed by the applicant.) declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the lentity 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 nowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, coth.						
20	Signatu	ire:	Printed	Name:	Title:		
CONTACT NAME: (To resolve questions with this filing.)			with this filing.)	FEES			
	117011	TAME: (10 1050ive questions	with this hinig.)	Required Processi	ng Fee \$100		
PHONE NUMBER: (Include area code.)				- `	Confirmation Copy (Optional) \$5		
	,			Processing Fees a "Corporation Divisi	re nonrefundable. Please m	ake check payable to	