



# INSTRUCTIONS FOR COMPLETING FORM

## GENERAL INSTRUCTIONS

1. **Complete all requested information on the form and make corrections where necessary.** Failure to provide information may mean insufficient time for processing and/or expiration of your assumed business name. If necessary, attach separate sheet of paper to provide the requested information or the names of additional owners.
2. **Respond by the date indicated on the front of the form** to ensure Assumed Business Name Renewal Service has enough processing time to prepare the required documents to renew your assumed business name with the Secretary of State Corporate Division. If you do not pay the proper fee in a timely manner, you may lose your assumed business name. If you do not pay the required filing fee and file the proper renewal documents with the Secretary of State Corporate Division by the expiration date for your assumed business name, your name will expire and you will have to apply for a new assumed business name, which may or may not be available. If your name expires and you continue to use the assumed business name beyond the expiration date without filing a renewal statement, you will be in violation of Oregon Statute ORS Chapter 648.
3. **No Legal Advice.** ASSUMED BUSINESS NAME RENEWAL SERVICE cannot provide legal advice. If you need legal services, please consult an attorney who handles assumed business name matters. **Assumed Business Name Renewal Service is a private, non-governmental business** providing assumed business name renewal services to owners of assumed business names. We are not affiliated with the Secretary of State Corporate Division or any governmental agency. **\*\*\*If you have already renewed your assumed business name with the Secretary of State Corporate Division, please disregard this. Your Secretary of State Corporate Division may or may not notify you of your upcoming assumed business name expiration.**

## LINE-BY-LINE INSTRUCTIONS

1. **Assumed Business Name.** The Assumed Business Name you registered with the Secretary of State Corporate Division is listed here.
2. **County (s).** Indicate the County (s) in which your Assumed Business Name is registered. If necessary, attach separate sheet of paper to provide the requested information or the names of additional counties.
3. **Street Address of Business.** This is the street address on the Secretary of State Corporate Division's records for your business. If the street address is different from the address listed here, write the correct street address in the space provided.
4. **Description of Business.** Provide a brief explanation of the nature of business.
5. **Expiration Date.** This is the date that your Assumed Business Name will expire unless you renew it with the Secretary of State Corporate Division prior to this expiration date.
6. **City, State and Zip Code.** This is the City, State and Zip Code on the Secretary of State Corporate Division's records for your business. If the current City, State and/or Zip code of your business is different from the address listed here, write the correct City, State and Zip Code in the space provided.
7. **Phone Number.** Write your current phone number with area code in the space provided.
8. **First Owner's Full Name.** This is the record name of the First Owner of your Assumed Business Name. If the owner of the Assumed Business Name has changed or is different from the name listed here, write the correct First Owner's name in the space provided.
9. **First Owner's Home Address.** Write the home street address of the First Owner in the space provided. You may not use a post office box or other non-physical address here. It must be a street address.
10. **Second Owner's Full Name.** This is the record name of the Second Owner (if any) of your Assumed Business Name. If the owner of the Assumed Business Name has changed or is different from the name listed here, write the correct Second Owner's name in the space provided. If there is only one owner of the Assumed Business Name, leave this space blank.
11. **Second Owner's Home Address.** Write the home street address of the Second Owner in the space provided. The address must be a street address not a PO Box or other non-physical address. If there is only one owner of the Assumed Business Name, leave this space blank.
12. **Corporation or LLC Owner Information.** Complete this section if the owner of the Assumed Business Name is a corporation or LLC. Provide the state of incorporation and corporation or LLC number in the space provided. You can find your corporation or LLC number on the Articles of Incorporation or Articles of Organization page of your corporation's or LLC's corporate minute book.
13. **Enclose your completed form and check made Payable to Assumed Business Name Renewal Service or (ABNRS) in the amount of the fee indicated on the front of the form.**