



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilinglinOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

✓ CHANGE OF AGENT AND ADDRESS

(Complete only 1, 2, 3, 4, 5, 6)

☐ CHANGE OF ADDRESS ONLY

(Complete only 1, 7, 8, 9, 10)

REGISTRY NUMBER: 395290-86

NOTE: Use this form for Cooperatives or Business Trusts.

FILED OREGON SECRETARY OF STATE

	accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. The must release this information to all parties upon request and it will be posted on our website. For office use only					
	ISE Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. ENTITY NAME: Snowline Tree Farm L.L.C.					
2)	THE THEIR PEDIGLET INC CONCENTED TO THIS	7)	CHANGE OF REGISTERED AGENT'S BUSINESS OFFICE ONLY NEW ADDRESS OF REGISTERED AGENT: (The business address of the registered agent has changed to the following Oregon Street Address.)			
4)	APPOINTMENT. ADDRESS OF THE NEW REGISTERED OFFICE: (Must be an Oregon Street Address which is identical to the registered agent's business office.) 39098 S Sawtell Rd		THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL. NOTIFICATION:			
5) 6)	Molalla, OR 97038 THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL. EXECUTION: By my signature, I declare as an authorized authority, that this filling 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.	10)	The entity has been notified in writing of this change. EXECUTION: By my signature, I declare as an authorized authority, that 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. (Must be signed by the registered agent or a corporate officer or director for a corporation or a member/manager for a limited liability company.)			
	(Must be signed by one corporate officer or director for a corporation or a member/manager for a limited liability company.) Signature: Printed Name: E. Lee Greif		Signature: Printed Name: Title:			

CONTACT NAME:	(To resolve questions	with this filling.

Owner

Denise Greif

Title:

PHONE NUMBER: (Include area code.)

503-829-8396

SNOWLINE TREE FARM, L.L.C. 39529086-11804240