APPLICATION FOR REGISTRATION

Corporation Division
sos.oregon.gov/business

E-FILED
May 08, 2024
OREGON SECRETARY OF STATE

REGISTRY NUMBER

226337699

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

COMPLETE HEATING & AIR

BUSINESS ACTIVITY

HEATING AND AIR CONDITIONING SERVICES AND INSTALLATIONS

PRINCIPAL PLACE OF BUSINESS

1005 TERRACE PLACE
SHADY COVE OR 97539 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

KRISTI POSSINGER

PO BOX 211
SHADY COVE OR 97539 USA

REGISTRANT/OWNER

KRISTI POSSINGER

1005 TERRACE PL
SHADY COVE OR 97539 USA

COUNTIES

BAKER, BENTON, CLACKAMAS, CLATSOP, COLUMBIA, COOS, CROOK, CURRY, DESCHUTES, DOUGLAS, GILLIAM, GRANT, HARNEY, HOOD RIVER, JACKSON, JEFFERSON, JOSEPHINE, KLAMATH, LAKE, LANE, LINCOLN, LINN, MALHEUR, MARION, MORROW, MULTNOMAH, POLK, SHERMAN, TILLAMOOK, UMATILLA, UNION, WALLOWA, WASCO, WASHINGTON, WHEELER, YAMHILL

I declare as an authorized signer, 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

KRISTI POSSINGER

TITLE

REGISTRANT

DATE

05-08-2024