Assumed Business Name - Amendment

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

Complete only the sections that you are up
To review current information, please go to: s

FILED: JUL 10, 2024
OREGON SECRETARY OF STATE

202791695-26449846

REGISTRY NUMBER: 2027916-95

IIC TRUCKING **AMDREG**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pub
We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:** IIC LOGGING
2. **NEW BUSINESS NAME:** (If changed, $50 fee required) IIC TRUCKING
3. **DESCRIPTION OF BUSINESS:** TRUCKING AND MAINTEMENCE
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   1806 THOMAS ROAD MEDFORD, OR 97501
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☒ or **NEW** ○
   CODY CADE
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   1806 THOMAS ROAD MEDFORD, OR 97501
7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS:	Street Address	City	State	Zip

b. WITHDRAWING REGISTRANTS/OWNERS:

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name	Street Address	City	State	Zip

9. COUNTIES:

☒ ALL COUNTIES (Statewide)	☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
	☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
	☐ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
	☐ Clatsop	☐ Douglas	☐ Jefferson	☐ Linn	☐ Sherman	☐ Washington
	☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
	☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. 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:** CODY CADE

CONTACT NAME: (To resolve questions with this filing)
CODY CADE

PHONE NUMBER: (Include area code)
530-680-1493

FEES
If Changing Business Name $50
No Fee For Other Changes
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.