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 upd
To review current information, please go to: sos

FILED: OCT 7, 2024
OREGON SECRETARY OF STATE

170775192-26793200

REGISTRY NUMBER: 1707751-92

TEARDROPS NW **AMDREG**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public r
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:** Teardrops NW

2. **NEW BUSINESS NAME:** (If changed, $50 fee required)

3. **DESCRIPTION OF BUSINESS:** Custom Trailer manufacturing

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
2490 Ewald Ave. SE, Salem, OR 97302

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** or **NEW**
Barett Christensen

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
2490 Ewald Ave. SE, Salem, OR 97302

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
Barrett Christensen, 2490 Ewald Ave. SE, Salem, OR 97302

b. WITHDRAWING REGISTRANTS/OWNERS:
Ossie Hamrick, 2079 Deschutes Dr, Stayton, OR 97383

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	x 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: Ossie Hamrick

Barett Christensen

CONTACT NAME: (To resolve questions with this filing)
Ossie Hamrick

PHONE NUMBER: (Include area code)
8134869176

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.