Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem OR 97310-1327

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

FILED: DEC 19, 2024
OREGON SECRETARY OF STATE
233864990-27128281
JAMES ROOFING
AMDREG

REGISTRY NUMBER: 233864990

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.

For office use only

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

1. **CURRENT BUSINESS NAME:** JAMES ROOFING
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:**
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◎
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

	Street Address	City	State	Zip
a. NEW REGISTRANTS/OWNERS:				
JAMES ROOFING LLC	1212 HAYLO RD SE	SALEM	OR	97306
b. WITHDRAWING REGISTRANTS/OWNERS:				
JAMES ROOFING INC.	1212 HAYLO RD SE	SALEM	OR	97306

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: BOB SCHNEIDER

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

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.