03/04/2009 4:21PM 000001#7055 0001
BUSINESS REG $50.00

Phone: (503) 986-2200
Fax: (503) 378-4381

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

Assumed Business Name—New Registration

FILED
MAR 04 2009
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 584339-97

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. 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) **ASSUMED BUSINESS NAME** (To be registered)
Richardson Nursery

2) **DESCRIPTION OF BUSINESS** (Primary business activity)
Nursery

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
9620 SE 282nd
Boring OR 97009

4) **NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE** (One name only)
Michael Richardson
P.O. Box 1149
Boring OR 97009

5) **REGISTRANTS/OWNERS** (List name and **street** address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
Michael Richardson	9620 SE 282nd	Boring OR 97009

6) **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

7) **SIGNATURES**: (All registrants/owners must sign.)
Michael Richardson

FEES

Required Processing Fee $50
Confirmation Copy (Optional) $5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

8) **CONTACT NAME** (To resolve questions with this filing.) Mike Richardson

DAYTIME PHONE NUMBER (Include area code.) 503 887-2539

101 (Rev. 1/05)