JL

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

Assumed Business Name – Amendment

FILED
FEB 20 2009
OREGON
SECRETARY OF STATE
For office use only

REGISTRY NUMBER: 676088-86

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.

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

To change business name use new registration, Form 101.

1) **ASSUMED BUSINESS NAME:** GeoQuest Publications

2) **DESCRIPTION OF BUSINESS**
Book publishing, teaching, writing, photography

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
5945 SW Kelly Avenue
Portland, Oregon
97239 (note change of zip code)

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☐ NEW ☑
Randi Goodrich

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
5945 SW Kelly Avenue
Portland, Oregon 97239

6) **REGISTRANTS/OWNERS** (List name and publicly available **street** address of each person or entity who will conduct or transact business under the assumed business name.) (All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

NEW REGISTRANTS (Name, Street Address)	CONTINUING REGISTRANTS (Name, Street Address)	WITHDRAWING REGISTRANTS
	Randi S. Goodrich (listed above)	
	Michael S. Goodrich (listed above)	

7) **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

8) **SIGNATURES** Any change requires a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. If there is a change of Authorized Representative, all registrants must sign.

Randi S. Goodrich 2.15.09 Randi S. Goodrich
Michael S. Goodrich 2.15.09 Michael S. Goodrich

9) **CONTACT NAME** (To resolve questions with this filing.) Randi S. Goodrich

DAYTIME PHONE NUMBER (Include area code.) 971.242.1107

FEES
No Processing Fee
Confirmation Copy (Optional) $5

102 (Rev. 5/07)