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

Assumed Business Name – Amendment

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

FILED
JAN 14 2009
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 266981-91

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.

To change business name use new registration, Form 101.

1) **ASSUMED BUSINESS NAME:** WEST CONSULTING GROUP

2) **DESCRIPTION OF BUSINESS**
CONSULTING

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
5486 ARCADE AVE NE
KEIZER, OR 97303

NEW ADDRESS

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☒ NEW ☐
M. STEVEN WEST

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
P.O. BOX 21509
KEIZER, OR 97307-1509

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
	M. STEVEN WEST	
	LAURA L. WEST	
	5486 ARCADE AVE NE	
	KEIZER, OR 97303	

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.

M. STEVEN WEST
Laura L. West
Laura L. West

9) **CONTACT NAME** (To resolve questions with this filing.) M. STEVEN WEST

DAYTIME PHONE NUMBER (Include area code.) (503) 910-7843

FEES
No Processing Fee
Confirmation Copy (Optional) $5.

102 (Rev. 5/07)