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 - 4 2007
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 006833-91

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:** Gateway Financial Services

2) **DESCRIPTION OF BUSINESS**
Mortgage Lending

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
15455 NW Greenbrier Parkway, Suite 111
Beaverton, OR 97006

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☑ NEW ☐
David E Grein

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
1030 SW Morrison St.
Portland, OR 97205

6) **REGISTRANTS** (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
	GFS, Inc. (address same as 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.

1/3/2007 1/8/1/4/07

Scott Everett, President

9) **CONTACT NAME** (To resolve questions with this filing.)
Scott Everett

DAYTIME PHONE NUMBER (Include area code.)
503.597.7447

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

102 (Rev. 1/06)