Phone: (503) 986-2200
Fax: (503) 378-4381 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
JUN 19 2007
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 742450-86

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. 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:** Oregon Mushrooms

2) **DESCRIPTION OF BUSINESS**

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

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
11489 Red Wing Loop
Keno Or 97627

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
PO Box 1025
Keno Or. 97627

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
Oregon Mushrooms LLC		Scott Cossairt
443302-98		
		11590 Red Wing Loop
		Keno Or 97627

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.

Scott Cossairt

9) **CONTACT NAME** (to resolve questions with this filing) Christina Cossairt

DAYTIME PHONE NUMBER (include area code) 541-850-6194

FEES
No Processing Fee
Information Only (Optional) Fee

Jms 6/19

06/19/2007 13:09 15418502512 OREGON MUSHROOMS PAGE 01