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
JUN 21 2007
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 434092-91

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:** SkinniDip

2) **DESCRIPTION OF BUSINESS**
Retail sale of frozen yogurt

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
3404 NE CADET AVE
PORTLAND OR 97220

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☒ NEW ☐
Ben Sy Bui

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
3404 NE CADET ALE
PORTLAND OR 97220

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
SkinniDip, LLC 3404 NE CADET ALE PORTLAND OR 97220		BEN SY BUI 3404 NE CADET AVE PORTLAND OR 97220.

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.

9) **CONTACT NAME** (To resolve questions with this filing.) Ben Sy Bui

DAYTIME PHONE NUMBER (Include area code.) 5032564777

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

102 (Rev. 5/07)

6-21 MG