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

Assumed Business Name—New Registration

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

REGISTRY NUMBER: 456725-99
For office use only

FILED
AUG 29 2007
OREGON SECRETARY OF STATE

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.

1) **ASSUMED BUSINESS NAME** (To be registered)
Chosen

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2) **DESCRIPTION OF BUSINESS** (Primary business activity)
(Adoption) Educational Nonprofit

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
P.O. Box 5515
Grants Pass, OR 97527

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
Cynthia Bigelow

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
804 Rhonda Dr
Grants Pass, OR 97527

6) **REGISTRANT'S/OWNER PUBLICLY AVAILABLE ADDRESS** (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
Chosen International	P.O. Box 5515	Grants Pass, OR 97527
1804	804 Rhonda Dr.	Grants Pass, OR 97527

6485987

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) **EXECUTION/SIGNATURE(S)** (All registrants/owners must sign.)
By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature	Printed Name
Cynthia Bigelow	Cynthia Bigelow

9) **CONTACT NAME** (To resolve questions with this filing.)
Cynthia Bigelow

DAYTIME PHONE NUMBER (Include area code.)
(541) 218-1355

FEES

Required Processing Fee $50
Confirmation Copy (Optional) $5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

101 (Rev. 6/07)

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