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

DEC 18 2007

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 166490-97

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:** McKenzie Books

2) **DESCRIPTION OF BUSINESS**
Online book buyer and seller

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
McKenzie Books, Inc. 380966-99
15370 SW Millikan Way
Beaverton, OR 97006

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☑ NEW ☐
Jim M. Smith

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
15370 SW Millikan Way
Beaverton, OR 97006

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

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.

Jim M. Smith

Jim M. Smith

President, Owner

9) **CONTACT NAME** (To resolve questions with this filing.)
Nathan Christensen

DAYTIME PHONE NUMBER (Include area code.)
503-488-5439 x204

FEES

No Processing Fee
Confirmation Copy (Optional) $5

102 (Rev. 5/07)