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

03/22/2006 2:39PM 000001#5666 0001 $50.00

# Assumed Business Name—New Registration

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

**REGISTRY NUMBER:** 348829-93
For office use only

FILED
MAR 22 2006
OREGON
SECRETARY OF STATE
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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)
KJS CONSTRUCTION

2) **DESCRIPTION OF BUSINESS** (Primary business activity)
GENERAL CONTRACTOR

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
~~EUGENE, OR~~
4265 SOUTHRIDGE CT. EUGENE, OR 97405

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
Kevin J. Snavely

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
4265 Southridge Ct
Eugene, OR 97405

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 |
|---|---|---|
| KEVIN SNAVELY | 4265 SOUTHRIDGE CT. | EUGENE, OR 97405 |

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** (All registrants/owners must sign.)
Kevin J Snavely

## 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.

9) **CONTACT NAME** (To resolve questions with this filing.) **DAYTIME PHONE NUMBER** (Include area code.)
KEVIN J. SNAVELY (541)-543-2141

3/22



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