08/04/2006 3:41PM 000001#2321 0001
BUSINESS REG $50.00

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

FILED
AUG 04 2006
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 376376-91
For office use only

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.

1) **ASSUMED BUSINESS NAME** (To be registered)
Fitch Associates

2) **DESCRIPTION OF BUSINESS** (Primary business activity)
Management Consulting and Training

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
24565 S.W. Nodaway Lane
Wilsonville, Or. 97070

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
Tobey Fitch

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
same

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
~~Tobey Fitch~~	~~same~~	~~Wilsonville, Or. 97070~~
FITCH ASSOCIATES LLC	" Same "	

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.)
Tobey Fitch

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.)

Tobey Fitch 503-329-8816

101 (Rev. 01/06)