EIP

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
JUL 19 2004
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 231403-95

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)

Eye Beam Event Services

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

support for events (fairs, meetings, etc.)

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)

4455 Franklin
Eugene, OR 97403

4) **AUTHORIZED REPRESENTATIVE** (One name only)

Gwendolyn Griffith

5) **MAILING ADDRESS FOR BUSINESS**

975 Oak Street, Suite 700
Eugene, OR 97401-3121

6) **REGISTRANTS/OWNERS** (List name and **street** address of each person who will conduct or transact business under the assumed business name.)
(Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
Eye Beam Event Services, Inc.		
REG # 227684-93		

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) **EXECUTED/SIGNED BY**: (All registrants/owners must sign.)

Eye Beam Event Services, Inc.
By: [signature]
Allen J. Stewart, President

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.)

Gwendolyn Griffith

DAYTIME PHONE NUMBER (Include area code.)

(541) 485-5151

7-16-4 8 5 50 cc

07/19/04
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