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
APR 22 2005
OREGON
SECRETARY OF STATE
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REGISTRY NUMBER: 281552-99

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

To change business name use new registration, Form 101.

1) **ASSUMED BUSINESS NAME:** SMITH SECURITY

2) **DESCRIPTION OF BUSINESS**
ALARM COMPANY

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
3063 SW River View Drive
Pendleton OR 97801

4) **NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☐ **NEW** ☐

5) **REGISTRANTS** (List name and 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 (Name, Street Address)
	DANIEL D. SMITH 3063 SW River View Dr. Pendleton, OR 97801	SHARYN M. SMITH

6) **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

7) **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.

Daniel D. Smith

8) **CONTACT NAME** (To resolve questions with this filing.)
DANIEL D. SMITH

DAYTIME PHONE NUMBER (Include area code.)
541-240-4063

FEES
No Processing Fee
Confirmation Copy (Optional) $5.

4/22

102 (Rev. 1/05)