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
FEB 25 2003
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 770576-86

In keeping with Oregon Statute 192.410-192.505, the information on the application is public record. We must release this information to all parties upon request and it may 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:** CENTERSTONE CARE FACILITY

2) **DESCRIPTION OF BUSINESS:** ADULT FOSTER CARE

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
14707 SE MARKET CT
PORT, OR 97233

4) **AUTHORIZED REPRESENTATIVE** (One name only)
CAROL STONE
☐ CONTINUING ☐ NEW

5) **MAILING ADDRESS FOR AUTHORIZED REP** (Address, city, state, zip)
14707 SE MARKET CT
PORT, OR 97233

6) **REGISTRANTS** (List names and street addresses of registrants. Attach a separate sheet if necessary.)
(All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

NEW REGISTRANTS (Name, Address)	CONTINUING REGISTRANTS (Name, Address)	WITHDRAWING REGISTRANTS (Name, Address)
	CAROL STONE	HARVEY STONE

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.

Harvey Stone

9) **CONTACT NAME** (To resolve questions with this filing.) CAROL STONE

DAYTIME PHONE NUMBER (Include area code.) 503-252-3324

FEES
No Processing Fee

102 (Rev. 8/02)

POOR QUALITY ORIGINAL

2-25