04/28/03 3:52PM 000H7297 A50
BUSINESS REG $20.00

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
APR 28 2003
OREGON
SECRETARY OF STATE
For office use only

REGISTRY NUMBER: 146010-90

In keeping with Oregon Statute 192.410-192.595, 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.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **ASSUMED BUSINESS NAME** (To be registered)
Branded

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

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
1127 NE Broadway
Portland, OR 97203

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

5) **MAILING ADDRESS FOR AUTHORIZED REP** (Address, city, state, zip)
9426 N Mohawk
Portland OR 97203

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
Barbara Covert	5825 N Borthwick	Portland, OR 97217
Jennifer Covert	5825 N Borthwick	Portland, OR 97217

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.)
Jennifer Covert 4/28/03
Barbara Covert

FEES

Required Processing Fee $20
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.)
Jennifer Covert / Barbara Covert

DAYTIME PHONE NUMBER (Include area code.)
503 449 5686

101 (Rev. 10/02)