Phone: (503) 986-2200
Fax: (503) 378-4381
Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Assumed Business Name – Amendment

FILED

DEC 01 2003

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 130870-93

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: Ten Perfect Nails

2) DESCRIPTION OF BUSINESS: Nail Salon

3) PRINCIPAL PLACE OF BUSINESS (Street address, city, state, zip): 2424 Crater Lake Hwy Suite 4 Medford OR 97504

4) AUTHORIZED REPRESENTATIVE (One name only): Cung Thi Pham
☐ CONTINUING ☑ NEW

5) MAILING ADDRESS FOR AUTHORIZED REP (Address, city, state, zip): 1850 Crater Lake Ave Apt 43 Medford OR 97504

6) REGISTRANTS (List names and street addresses of registrants. Attach a separate sheet if necessary.)
(At 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)
Cung Thi Pham 1850 Crater Lake Ave Apt 43 Medford, OR 97504		Vu Van Vu

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.

x Cung Thi Pham

9) CONTACT NAME (To resolve questions with this filing.): x Cung Thi Pham

DAYTIME PHONE NUMBER (Include area code.): x (541) 770-2773

FEES

No Processing Fee

102 (Rev. 8/02)

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** TOTAL PAGE.01 **