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
MAR 0 2 2004
OREGON
SECRETARY OF STATE
For office use only

REGISTRY NUMBER: 204534-94

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.

1) **ASSUMED BUSINESS NAME** (To be registered)
ATLAS CONSTRUCTION

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

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
606 APPERSON ST.
OREGON CITY, OR. 97045

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

5) **MAILING ADDRESS FOR BUSINESS**
606 APPERSON ST.
OREGON CITY, OR. 97045

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
DON MUELLER	606 APPERSON ST.	OREGON CITY, OR. 97045
JON STAFFORD	606 APPERSON ST.	OREGON CITY, OR. 97045

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.)

DON MUELLER

JON STAFFORD

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.) JON STAFFORD

DAYTIME PHONE NUMBER (Include area code.) 503-709-3747

101 (Rev. 1/04)

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