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
SEP 27 2006
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 090052-99

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.

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:** Voodoo Doughnut

2) **DESCRIPTION OF BUSINESS**
Doughnut Shop

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
22 S.W. Third Ave.
Portland, Oregon 97204

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☒ NEW ☐
Kenneth Pogson

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
Same

6) **REGISTRANTS** (List name and publicly available **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
Cat Daddy LLC		Kenneth Pogson
22 S.W. Third Ave.		5515 N.E. 32nd Pl
Portland, Or. 97204		Portland, Oregon 97211
068172-90		Tres Shannon
		4063 NE CLEVELAND PORTLAND, OR. 97212

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.

9) **CONTACT NAME** (To resolve questions with this filing.)
Kenneth Pogson

DAYTIME PHONE NUMBER (Include area code.)
503.544.9967

FEES
No Processing Fee
Confirmation Copy (Optional) $5

AB 9.27.06

9.21.06 52-2 50