967/50
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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—New Registration

FILED
JUN 13 2006
OREGON
SECRETARY OF STATE
For office use only

REGISTRY NUMBER: 365734-91
For office use only

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)
GOGUE' ESSENTIALS

2) **DESCRIPTION OF BUSINESS** (Primary business activity)
Colon Hydrotherapy

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
227-B NE Hillcrest Dr.
Grants Pass, OR 97526

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
Gina Gogue

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
227-B NE Hillcrest Dr.
Grants Pass, OR 97526

6) **REGISTRANT'S/OWNER PUBLICLY AVAILABLE ADDRESS** (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
Gina Gogue'	227-B NE Hillcrest Dr.	Grants Pass, OR 97526

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** (All registrants/owners must sign.)
Gina Gogue

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.)
Gina Gogue'

DAYTIME PHONE NUMBER (Include area code.)
541-291-0535

101 (Rev. 01/06)

TL
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