Ref. # 21

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

JAN 03 2006

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 331783-93
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.

For office use only

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

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

2) **DESCRIPTION OF BUSINESS** (Primary business activity)
Wedding / Party planner & consultation

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
1875 23rd St NE
Salem OR 97303

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
Christina Ulberg

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
1875 23rd St NE
Salem OR 97303

6) **REGISTRANTS/OWNERS** (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
Christina Ulberg	1875 23rd St NE	Salem OR 97303

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.)
CL Ulberg

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.)
Christina Ulberg

DAYTIME PHONE NUMBER (Include area code.)
503 375 8465

101 (Rev. 8/05)

01/03