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
MAR 23 2006
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 790320-83

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:** Informed Publishing

2) **DESCRIPTION OF BUSINESS**
Publisher of Field Guides

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
7110 SW ~~Firloop~~ Fir Loop, #110
Tigard, OR 97223

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☐ NEW ☒
Kay Johnson

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
7110 SW ~~Firloop~~ Fir Loop, #110
Tigard, OR 97223

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
	Creative Ventures, Inc.	
	7110 SW ~~Firloop~~ Fir Loop, #110	
	Tigard, OR 97223	

7) **COUNTIES**

	☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☒ **ALL COUNTIES**	☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
(Statewide)	☐ 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.

CREATIVE VENTURES, INC.

BY: [signature]
Chris A. Barnes, President

9) **CONTACT NAME** (To resolve questions with this filing.) John E. McCormick

DAYTIME PHONE NUMBER (Include area code.) (503) 227-1111

FEES
No Processing Fee
Confirmation Copy (Optional) $5

102 (Rev. 1/06)

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