Assumed Business Name - Cancellation

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

FILED
SEPTEMBER 3 2025
OREGON SECRETARY OF STATE

Print Form

Reset Form

REGISTRY NUMBER: 2217880-94

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.

For office use only

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

1. ASSUMED BUSINESS NAME: GORGE CENTRAL PEST CONTROL

2. PRINCIPAL PLACE OF BUSINESS: *(Street Address, City, State, Zip)*

1400 TUCKER RD, HOOD RIVER, OR 97031

3. SIGNATURE(S): (Authorized Representative or All Registrants must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

CONTACT NAME: (To resolve questions with this filing)

BEN

PHONE NUMBER: (Include area code)

(206) 581-1540

FEES

Required Processing Fee $50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.