#581 12.00

Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

66

Assumed Business Name—New Registration

For office use only

FILED
FEB 13 2001
SECRETARY OF STATE

Registry Number: 3780-91

1 of 2

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

1) ASSUMED BUSINESS NAME C4 Investments

2) DESCRIPTION OF BUSINESS
Investment Group

☐ CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION. PLEASE NOTE, THERE IS NO OBLIGATION ON THE PART OF PERSONS USING OUR LISTS TO REFRAIN FROM MAILING SOLICITATIONS. THE MARK IS SIMPLY INFORMATIONAL. ORS 56.022

3) PRINCIPAL PLACE OF BUSINESS (Street address, city, state, zip)
399C Autumn Rose Way
Hillsboro, OR 97124

4) AUTHORIZED REPRESENTATIVE (One name only)
John Melendez

5) MAILING ADDRESS FOR AUTHORIZED REP (Address, city, state, zip)
399C Autumn Rose Way
Hillsboro, OR 97124

6) REGISTRANTS (List names and street addresses of registrants. Attach a separate sheet if necessary.)

Name	Street Address	City/State/Zip
John Melendez	399C Autumn Rose Way	Hillsboro, OR 97124
Aaron Mcbride	233 NW Gina Way #122	Beaverton, OR 97006
Erik Glaeser	18860 NW Rock Creek Circle #337	Portland, OR 97229
Wayne Smith	375 23 D SE	Salem, OR 97301

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) EXECUTION (All registrants must sign.)

[signature]
[signature]
RW Smith
[signature]

FEES

Required Filing Fee	$ 10
$2 for each county	$ 2
Confirmation copy (optional)	$ 5
TOTAL (nonrefundable)	$ 12

Please make check payable to "Corporation Division."

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

DP 2-13

9) CONTACT NAME
John Melendez

DAYTIME PHONE NUMBER - INCLUDING AREA CODE
(503)844-0286

CR101 (Rev. 10/2000)

Phone: (503) 986-2200
Fax: (503) 378-4381

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327

Assumed Business Name—New Registration

For office use only

Registry Number: 3780-91 2 of 2

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

1) **Assumed Business Name** Attachment to C4 investments

2) **Description of Business**

☐ CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION. PLEASE NOTE, THERE IS NO OBLIGATION ON THE PART OF PERSONS USING OUR LISTS TO REFRAIN FROM MAILING SOLICITATIONS. THE MARK IS SIMPLY INFORMATIONAL. ORS 56.022

3) **Principal Place of Business** (Street address, city, state, zip)

4) **Authorized Representative** (One name only)

5) **Mailing Address for Authorized Rep** (Address, city, state, zip)

6) **Registrants** (List names and street addresses of registrants. Attach a separate sheet if necessary.)

Name	Street Address	City/State/Zip
Zhi Lee	2773 SE Rose Spring Dr.	Hillsboro, OR 97123
James Johnson	6792 SW 180th Avenue	Aloha, OR 97007

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) **Execution** (All registrants must sign.)

FEES	
Required Filing Fee	$ 10
$2 for each county	$ ____
Confirmation copy (optional)	$ 5
TOTAL (nonrefundable)	$ ____

Please make check payable to "Corporation Division."

NOTE: Filing 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** **Daytime Phone Number - Including Area Code**

CR101 (Rev. 10/2000)