09/23/99 8:37AM 000#9159 A50
CHECK $15.00

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

Assumed Business Name—Amendment or Cancellation

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

Check the appropriate box below:

☒ AMENDMENT (Complete all items)

☐ CANCELLATION (Complete only 1, 3, 8, 9)

For office use only

FILED

SEP 2 3 1999

OREGON
SECRETARY OF STATE

Registry Number: 704097-85

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

1) ASSUMED BUSINESS NAME: Bill Davis Roofing

2) SIC CODE (See back of form.): 1760

☑ CHECK HERE TO INDICATE ON YOUR REGISTRATION THAT YOU DO NOT WANT MAIL SOLICITATION.

3) PRINCIPAL PLACE OF BUSINESS (Street address, city, state, zip):
1313 NE Foster Way
Grants Pass, Ore 97526

4) AUTHORIZED REPRESENTATIVE (One name only): William Davis Jr.

☐ Continuing ☒ New (For AMENDMENT only)

5) MAILING ADDRESS FOR AUTHORIZED REP (Address, city, state, zip):
1313 NE Foster Way
Grants Pass, Ore 97526

6) REGISTRANTS (List names and street addresses of registrants. Attach a separate sheet if necessary.)
(All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

New Registrants (Name, Address)	Continuing Registrants (Name, Address)	Withdrawing Registrants (Name, Address)
William Davis Jr. AS ABOVE		Bill Davis

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 new registrants must sign. On an AMENDMENT, the Authorized Representative may make any changes necessary with the exception of signing for new Registrants. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. If there is a change of Authorized Representative, all registrants must sign. For a CANCELLATION, the Authorized representative or All Registrants must sign.)

William Davis

FEES

Required Filing Fee	$ 10
$2 for each added county	$ —
Confirmation copy (optional)	$ 5
TOTAL (nonrefundable)	$ 15

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: William Davis Jr.

DAYTIME PHONE NUMBER: 541-476-0751

9/23

CR102 (Rev. 6/97)