Assumed Business Name - Amendment

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

Complete only the sections that you are up
To review current information, please go to: s

FILED: JAN 23, 2026
OREGON SECRETARY OF STATE
207951997-28739560

REGISTRY NUMBER: 2079519-97

LIGHTSCALE LABS **AMDREG**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is put
We must release this information to all parties upon request and it will be posted on our website.

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

1. **CURRENT BUSINESS NAME:** 2 River Labs
2. **NEW BUSINESS NAME:** (If changed, $50 fee required) Lightscale Labs
3. **DESCRIPTION OF BUSINESS:** Environmental Testing Laboratory
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   2535 N. Ross Ave, Portland OR 97227
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ◉ or **NEW** ○
   Jesse Ouellette
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   2535 N. Ross Ave, Portland OR 97227
7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

	Street Address	City	State	Zip
a. NEW REGISTRANTS/OWNERS:				
b. WITHDRAWING REGISTRANTS/OWNERS:				

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name	Street Address	City	State	Zip

9. 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

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative 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.

Signature:

Printed Name: Jesse Ouellette

CONTACT NAME: (To resolve questions with this filing)
Jesse Ouellette

PHONE NUMBER: (Include area code)
503-550-3919

FEES

If Changing Business Name $50
No Fee For Other Changes
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.