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

Assumed Business Name – Amendment

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

FILED

JUN 19 2007

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 742450-86

In accordance with Oregon revised Statute 192.410(2), 250, the information you supply 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 Sheets if necessary.

To change business name use new registration, Form 101.

1) **ASSUMED BUSINESS NAME:** Oregon Mushrooms

2) **DESCRIPTION OF BUSINESS**

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
11489 Red Wing Loop
Keno Or 97627

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
Continuing ☑ New ☐

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
PO Box 1025
Keno Or. 97627

6) **REGISTRANTS/OWNERS** (List name and mailing 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, continuing and withdrawing registrants must be listed.)

New Registrants (Name, Street Address)	Continuing Registrants (Name, Street Address)	Withdrawing Registrants
Oregon Mushrooms LLC 443302-98		Scott Cossairt 11590 Red Wing Loop Keno Or 97627

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** (Any change requires signature. New registrants must sign. If withdrawing registrant is WITHDRAWING, withdrawing Registrant or Authorized Representative must sign. If withdrawing Authorized Representative, all registrants must sign.)

Scott Cossairt

9) **CONTACT NAME** (To resolve questions with filing.) **DAYTIME PHONE NUMBER** (Area code required)
Christina Cossairt 541-850-6194

FEES
No Processing Fee
(Certified copy requests are $5)

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