261/#147 BJ.W

Phone: (503) 986-2200
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Assumed Business Name—New Registration

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

FILED
AUG 24 2007
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 459333-97
For office use only

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 (To be registered)
Hot Shot Transport

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2) DESCRIPTION OF BUSINESS (Primary business activity)
Interstate Trucking

3) PRINCIPAL PLACE OF BUSINESS (Address, city, state, zip)
8920 SW Maui Ct
Tigard, OR 97223

4) NAME OF AUTHORIZED REPRESENTATIVE (One name only)
Robert Hunter

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE
8920 SW Maui Ct
Tigard, OR 97223

6) REGISTRANT'S/OWNER PUBLICLY AVAILABLE ADDRESS (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

NAME	STREET ADDRESS	CITY/STATE/ZIP
Robert Hunter	8920 SW Maui Ct	Tigard, OR 97223

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/SIGNATURE(S) (All registrants/owners must sign.)
By my signature, I declare as an authorized authority, that 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: Robert M. Hunter
Printed Name: Robert Hunter

FEES

Required Processing Fee $50
Confirmation Copy (Optional) $5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:
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 (To resolve questions with this filing.)
Crystal Bowen

DAYTIME PHONE NUMBER (Include area code.)
503-607-1088

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