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

**Assumed Business Name – Amendment**

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

**FILED**
APR 09 2008
OREGON
SECRETARY OF STATE

**REGISTRY NUMBER:** 217906-96

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.

**To change business name use new registration, Form 101.**

1) **ASSUMED BUSINESS NAME:** BUILDERS ROOFING & GUTTERS

2) **DESCRIPTION OF BUSINESS**
CONSTRUCTION

3) **PRINCIPAL PLACE OF BUSINESS** (Street address, city, state, zip)
90273 HILL RD
SPRINGFIELD OR 97478

4) **NAME OF AUTHORIZED REPRESENTATIVE** (One name only)
CONTINUING ☑ NEW ☐
MARVIN COX

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
PO BOX 912 SPRINGFIELD OR 97477

6) **REGISTRANTS/OWNERS** (List name and publicly available street 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, both continuing and withdrawing registrants must be listed.)

| NEW REGISTRANTS (Name, Street Address) | CONTINUING REGISTRANTS (Name, Street Address) | WITHDRAWING REGISTRANTS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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 a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. If there is a change of Authorized Representative, all registrants must sign.

9) **CONTACT NAME** (To resolve questions with this filing.)
MARVIN COX

**DAYTIME PHONE NUMBER** (Include area code.)
541-744-2706

**FEES**
No Processing Fee
Confirmation Copy (Optional) $5.

102 (Rev. 5/07)