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

Assumed Business Name—New Registration

04/17/2008 12:17PM 000001AB814 0001
BUSINESS NEW $55.00

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

FILED
APR 17 2008
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 5140195-95
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, **all information on this form is publicly available, including addresses.**
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)
GET ER DONE

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)
Power Washing, Window washing, cleaning gutters

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)
1700 MT Hood Ave. #138
Woodburn OR 97071

4) **WHO IS AUTHORIZED TO REPRESENT THE OWNERS (AUTHORIZED REPRESENTATIVE)** (One name only)
Kit Hammett

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**
1700 MT Hood Ave. #138
Woodburn OR 97071

6) **NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES** (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
Kit Hammett	1700 MT Hood Ave. #138	Woodburn OR. 97071

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 owners/registrants 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	Printed Name
Kit Hammett	Kit Hammett

9) **CONTACT NAME** (To resolve questions with this filing.)
Kit Hammett

DAYTIME PHONE NUMBER (Include area code.)
503 477-1942

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.

#8041/17/08

101 (Rev. 8/07)