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

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

Assumed Business Name—New Registration

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OREGON
SECRETARY OF STATE

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REGISTRY NUMBER: 483091-99
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In accordance with Oregon Revised Statute 192.410-192.490, **all information on this form is publicly available, including addresses**
We must release it to all who wish 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)
ANNE RUNDE INTERIORS

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 disuse or unfair competition of someone else's business.

2) DESCRIPTION OF BUSINESS (Primary business activity)
interior decorator

3) PRINCIPAL PLACE OF BUSINESS (Address, city, state, zip)
4210 SW Comus St
Portland OR 97219

4) WHO IS AUTHORIZED TO REPRESENT THE OWNERS (AUTHORIZED REPRESENTATIVE) (One name only)
Anne E. RUNDE

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE
4210 SW Comus St
Portland OR 97219

6) NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES (Enter name and street address of each person or entity who will conduct or transact business under the assumed business name) (Attach additional sheet if necessary)

NAME	STREET ADDRESS	CITY/STATE/ZIP
Anne E Runde	4210 SW Comus St	Portland OR 97219

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 individual that this filing I/we have 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 punished by fines, imprisonment, or both.

Signature: Anne E Runde
Printed Name: Anne E Runde

FEES
Required Processing Fee $50
Certification Copy (Optional) $5
Processing times are approximate.
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) **DAYTIME PHONE NUMBER** (Include area code)
Anne Runde 503 327-8133

RC 12-13-07