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

Assumed Business Name—New Registration

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

FILED
MAR 03 2008
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 5018290
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Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **ASSUMED BUSINESS NAME** (To be registered)

Bizeau Dentistry

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)

General Dentistry

3) **PRINCIPAL PLACE OF BUSINESS** (Address, city, state, zip)

2103 Tenth Street
Tillamook, OR 9741

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

Dave Bizeau

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE**

2103 Tenth Street
Tillamook, OR 9741

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
David R. Bizeau	2316 Third Street	Tillamook, OR 97141
Bonita R. Smulski	2316 Third Street	Tillamook, OR 97141

7) **COUNTIES**

☑ **ALL COUNTIES** (Statewide)
All

☐ 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
D R Bizeau	David R. Bizeau, DMD
Bonita R Smulski	Bonita R. Smulski

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.)

Bonita R. Smulski

DAYTIME PHONE NUMBER (Include area code.)

503-523-9708

101 (Rev. 8/07)

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