Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http//:www.FilingInOregon.com - Phone: (503) 986-2200

FILED

JAN 20 2012

OREGON SECRETARY OF STATE

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REGISTRY NUMBER: 066822-98

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.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **CURRENT BUSINESS NAME:** ACUPRO OREGON

2) **NEW BUSINESS NAME:** (If Changed)

3) **DESCRIPTION OF BUSINESS:** COMPUTER SERVICE AND SALES

4) **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip Code)
316 N JOHNSON ST, MCMINNVILLE, OR 97128

5) **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☐ or **NEW** ■
KAYE FULMER

6) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:** (Street Address, City, State, Zip Code)
PO BOX 825, MCMINNVILLE, OR 97128

7) **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, City, State, Zip Code)	**CONTINUING REGISTRANTS** (Name, Street Address, City, State, Zip Code)	**WITHDRAWING REGISTRANTS**
	NORTH VALLEY COMPUTER SERVICES	

8) **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

9) **SIGNATURES:** Any change requires a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative 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.

Kaye Fulmer

6682298-13247359

FEES

If Changing Business Name $50

No Fee For Other Changes

Confirmation Copy (Optional) $5

Processing Fees Are Nonrefundable. Please make check payable to "Corporation Division".