APPLICATION FOR REGISTRATION

Corporation Division
www.filinginoregon.com

E-FILED
Aug 26, 2011
OREGON SECRETARY OF STATE

REGISTRY NUMBER

79587193

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

CENTRAL OREGON SMILE CENTER

BUSINESS ACTIVITY

OFFICES OF DENTISTS

PRINCIPAL PLACE OF BUSINESS

1470 SW KNOLL AVENUE
SUITE #104
BEND OR 97702 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

ROBERT OTTO PRESSPRICH

1470 SW KNOLL AVENUE
SUITE #104
BEND OR 97702 USA

REGISTRANT/OWNER

ROBERT OTTO PRESSPRICH

1470 SW KNOLL AVENUE
SUITE #104
BEND OR 97702 USA

COUNTIES

CROOK, DESCHUTES, JEFFERSON

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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

ROBERT OTTO PRESSPRICH