APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Feb 14, 2011
OREGON SECRETARY OF STATE

REGISTRY NUMBER

74890691

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

PAUSE

BUSINESS ACTIVITY

OFFICES OF PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, AND AUDIOLOGISTS

PRINCIPAL PLACE OF BUSINESS

6635 N BALTIMORE AVE., SUITE 260
PORTLAND OR 97203 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

COLLEEN NASREEN TORELLI

9631 N HAVEN AVE.
PORTLAND OR 97203 USA

REGISTRANT/OWNER

COLLEEN NASREEN TORELLI

9631 N HAVEN AVE.
PORTLAND OR 97203 USA

COUNTIES

CLACKAMAS, MULTNOMAH, WASHINGTON

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

COLLEEN NASREEN TORELLI