APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Nov 15, 2010
OREGON SECRETARY OF STATE

REGISTRY NUMBER

72797096

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

HAWTHORNE GALLERY

BUSINESS ACTIVITY

ART DEALERS

PRINCIPAL PLACE OF BUSINESS

517 JEFFERSON STREET
PORT ORFORD OR 97465 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

CHRIS DOUGLAS HAWTHORNE

P.O.BOX 700
517 JEFFERSON ST.
PORT ORFORD OR 97465 USA

REGISTRANT/OWNER

CHRIS DOUGLAS HAWTHORNE

517 JEFFERSON STREET
PORT ORFORD OR 97465 USA

COUNTIES

CURRY

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

CHRIS DOUGLAS HAWTHORNE