APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Sep 29, 2010
OREGON SECRETARY OF STATE

REGISTRY NUMBER

71768098

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

CAMPUS BOOKSTORE

BUSINESS ACTIVITY

BOOK STORES

PRINCIPAL PLACE OF BUSINESS

1510 SW 5TH AVE
PORTLAND OR 97201 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

717633-96 - CBSOR INC

1510 SW 5TH AVE
PORTLAND OR 97201 USA

REGISTRANT/OWNER

TERRY BARNES

12123 KANIS RD
LITTLE ROCK AR 72211 USA

COUNTIES

MULTNOMAH

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

TERRY BARNES