# APPLICATION FOR REGISTRATION

Corporation Division
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**E-FILED**
Aug 27, 2008
**OREGON SECRETARY OF STATE**

**REGISTRY NUMBER**

54325890

**TYPE**

ASSUMED BUSINESS NAME

**ENTITY NAME**

SHOWERS PASS

**BUSINESS ACTIVITY**

MISCELLANEOUS WHOLESALE PRODUCTS

**PRINCIPAL PLACE OF BUSINESS**

3525 SE 17TH AVE
PORTLAND OR 97202 USA

**NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE**

ED DALTON

3525 SE 17TH AVE
PORTLAND OR 97202 USA

**REGISTRANT/OWNER**

ED DALTON

3525 SE 17TH AVE
PORTLAND OR 97202 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**

ED DALTON