APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Aug 23, 2007
OREGON SECRETARY OF STATE

REGISTRY NUMBER

45903895

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

ELEMENTAL ENERGY

BUSINESS ACTIVITY

MASSAGE THERAPISTS' OFFICES

PRINCIPAL PLACE OF BUSINESS

833 SE MAIN ST
#421
PORTLAND OR 97214 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

MAE ANGELA MARIE ONOSAKI

5608 N OBERLIN ST
PORTLAND OR 97203 USA

REGISTRANT/OWNER

MAE ANGELA MARIE ONOSAKI

5608 N OBERLIN ST
PORTLAND OR 97203 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

MAE ANGELA MARIE ONOSAKI