APPLICATION FOR REGISTRATION

Corporation Division
www.filinginoregon.com

E-FILED
Aug 19, 2013
OREGON SECRETARY OF STATE

REGISTRY NUMBER

95846698

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

OLD FRIEND

BUSINESS ACTIVITY

COMPUTER RELATED SERVICES, OTHER

PRINCIPAL PLACE OF BUSINESS

3456 NE WEST DEVILS LAKE ROAD #11
LINCOLN CITY OR 97367 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

MONET GABRIELLE MOWERY

3456 NE WEST DEVILS LAKE ROAD #11
LINCOLN CITY OR 97367 USA

REGISTRANT/OWNER

MONET GABRIELLE MOWERY

3456 NE WEST DEVILS LAKE ROAD #11
LINCOLN CITY OR 97367 USA

COUNTIES

LINCOLN

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

MONET GABRIELLE MOWERY