15 3 50

Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED

AUG 30 2013

OREGON SECRETARY OF STATE

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REGISTRY NUMBER: 79587I-93

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **CURRENT BUSINESS NAME:** Central Oregon Smile Center

2) **NEW BUSINESS NAME:** (If Changed) Pressprich Dentistry

3) **DESCRIPTION OF BUSINESS:** Dental Office

4) **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip Code)
1470 SW Knoll Ave, Suite #104, Bend OR 97702

5) **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☒ or **NEW** ☐
Robert Pressprich

6) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:** (Street Address, City, State, Zip Code)
1470 SW Knoll Ave Suite #104, Bend, OR 97702

7) **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of each person or entity who will conduct or transact business under the assumed business name.) (All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

NEW REGISTRANTS (Name, Street Address, City, State, Zip Code)	CONTINUING REGISTRANTS (Name, Street Address, City, State, Zip Code)	WITHDRAWING REGISTRANTS
	Robert Pressprich 1470 SW Knoll Ave #104 Bend, OR 97702	

8) **COUNTIES:**

☐ **ALL COUNTIES (Statewide)**

☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
☐ Clackamas	☑ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
☐ Clatsop	☐ Douglas	☐ Jefferson	☐ Linn	☐ Sherman	☐ Washington
☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

9) **SIGNATURES:** Any change requires a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

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.

DMD

CONTACT NAME: (To resolve questions with this filing.)
Robert Pressprich

PRESSPRICH DENTISTRY

79587193-14559763 AMDREG

FEES

If Changing Business Name $50

No Fee For Other Changes

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.