05/12/2014 11:56AM 000001 #3436
Assumed Business Name - New Registration

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

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MAY 12 2014

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 1019310-95
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Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **ASSUMED BUSINESS NAME:** (To be registered)

City Flowers

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2) **DESCRIPTION OF BUSINESS:** (Primary business activity)

Retail Florist

3) **PRINCIPAL PLACE OF BUSINESS:** (Address, city, state, zip)

824 NW Davis
Portland OR 97209

4) **WHO IS AUTHORIZED TO REPRESENT THE OWNERS:** (Authorized Representative) (One name only)

Louella Scott

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

712 SW 12th
Portland OR 97205

6) **NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES:** (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

Name, Street Address, City, State, Zip Code

L. Decor, LLC
712 SW 12th
Portland OR 97205

7) **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

8) **EXECUTION/SIGNATURE(S):** (All owners/registrants 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.

Signature: Louella Scott

Printed Name: Louella Scott

CITY FLOWERS

101931095-15197038 NEWREG

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

PHONE NUMBER: (Include area code.)

...eck payable to "Corporation Division."

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