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

Complete only the sections that you are updating.
To review current information, please go to:
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OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 1056405-93

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:** Akana
2. **NEW BUSINESS NAME:** (If changed)
3. **DESCRIPTION OF BUSINESS:** Engineering
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   6400 SE Lake Road, Suite 270, Portland, OR 97222
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** (•) or **NEW** ( )
   Herb Fricke
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   6400 SE Lake Road, Suite 270, Portland, OR 97222
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 any registrants are WITHDRAWING; withdrawing, new and/or continuing registrants must be listed.)

a. NEW REGISTRANTS/OWNERS:	Street Address	City	State	Zip
b. CONTINUING REGISTRANTS/OWNERS:	Street Address	City	State	Zip
Cooper Zietz Engineers, Inc.	6400 SE Lake Road, Suite 270	Portland	OR	97222
c. WITHDRAWING REGISTRANTS/OWNERS:				

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. **SIGNATURE(S):** Any change requires a signature. New 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:	Printed Name:
Herbert J Fricke	Herb Fricke, President

CONTACT NAME: (To resolve questions with this filing)
Herb Fricke

PHONE NUMBER: (Include area code)
603-652-9090

AKANA
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