Assumed Business Name - Amendment

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FILED
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OREGON SECRETARY OF STATE
For office use only

REGISTRY NUMBER: 495882-96

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:** Damerow Ford

2. **NEW BUSINESS NAME:** (If changed, $50 fee required)

3. **DESCRIPTION OF BUSINESS:**

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ◉ or **NEW** ○

Lawrence Evans

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

5000 Meadows Road, Suite 400, Lake Oswego, OR 97035

7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

a. **NEW REGISTRANTS/OWNERS:** Street Address City State Zip

b. **WITHDRAWING REGISTRANTS/OWNERS:**

8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)
Registrant Name Street Address City State Zip

9. 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

10. **SIGNATURE(S):** 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.

Signature:

Printed Name: Lawrence Evans, Authorized Representative

CONTACT NAME: (To resolve questions with this filing)

Krista Evans

PHONE NUMBER: (Include area code)

503-968-1475

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