Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200
Please Type or Print Legibly in **Black** ink. Attach Additional Sheet if Necessary. Fax: (503) 378-4381

REGISTRY NUMBER: 994677-98

FILED

ENTITY TYPE: ◉ DOMESTIC ○ FOREIGN

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.

JAN 26 2017

For office use only

OREGON SECRETARY OF STATE

1. **NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:**
Froman Daughters, LLC

Complete only the sections that you are updating.

2. **BUSINESS ACTIVITY**

3. **PRINCIPAL PLACE OF BUSINESS: (Street Address)**
410 E. Summit Street
Condon, OR 97823

4. **THE REGISTERED AGENT HAS BEEN CHANGED TO:**

5. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**
Must be an Oregon Street Address, which is identical to the registered agent's office.

6. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**
P.O Box 282
Condon, OR 97823

7. **THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.**

8. **THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.**

The entity has been notified in writing of this change.

NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Corporations list the name and address of the President and Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315).
Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787).
List all current names and addresses. This replaces what is currently on the record.

9. **PRESIDENT OR OWNER(S) (MEMBERS):** (Names and Addresses)
Joanne Wickham
P.O. Box 282
Condon, OR 97823

10. **SECRETARY OR MANAGER(S):** (Names and Addresses)

11. **EXECUTION:** By my signature, I declare as an authorized signer, 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:	TITLE:
Joanne Marie Wickham	Joanne Marie Wickham	

CONTACT NAME: (To resolve questions with this filing)
Joanne Wickham

PHONE NUMBER: (Include area code)
541-384-3771

FROMAN DAUGHTERS, LLC

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