Assumed Business Name - Amendment

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Complete only the sections that you are updating.
To review current information, please go to: sos.oregon.gov/bizsearch

REGISTRY NUMBER: 6427297

FILED
APR 12 2017
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OREGON
SECRETARY OF STATE

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:** Yowecare
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:** Homecare
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   4538 Nicholas Court NE Salem, OR 97305
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☒ or **NEW** ○
   Hanif Alik
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   PO Box 21143 Keizer, OR 97307
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: Hanif Alik

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

YOKWECARE
64277297-17872111 AMDREG