Attention: Michael

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 Fax: (503) 378-4381

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

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MAY 15 2017
OREGON SECRETARY OF STATE

REGISTRY NUMBER: 127216695-95

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. For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:** Maui Mixed Plate
2. **NEW BUSINESS NAME:** (If changed, $50 fee required) Kona Bento
3. **DESCRIPTION OF BUSINESS:** catering & drive-through (w/ gazeebo)
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   4510 Table Rock Road Central Point, OR 97502
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** X or **NEW** ( )
   Tiffany Bachista, Kona Bento LLC
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   2394 Temple Dr Medford, OR 97504
7. **REGISTRANTS/OWNERS:** (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

	Street Address	City	State	Zip
a. NEW REGISTRANTS/OWNERS: Kona Bento LLC	4510 Table Rock Road	Central Point,	OR	97502
b. WITHDRAWING REGISTRANTS/OWNERS: Tiffany Bachista				

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:**

	☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
	☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
☒ ALL COUNTIES (Statewide)	☐ 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: Tiffany Bachista

Printed Name: Tiffany Bachista

CONTACT NAME: (To resolve questions with this filing)
Tiffany Bachista

PHONE NUMBER: (Include area code)
(541) 973-3000

FEES

KONA BENTO

127216695-17942372 AMDREG

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