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: sos.oregon.gov/bizsearch

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MAY 25 2017
OREGON
SECRETARY OF STATE
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REGISTRY NUMBER: 101487-99

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:** Norwest Textbook
2. **NEW BUSINESS NAME:** (If changed, $50 fee required) N/A
3. **DESCRIPTION OF BUSINESS:** No Change
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   5121 Skyline Village Loop South, #220, Salem, OR 97306
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ⊗ or **NEW** ○
   No Change
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   No Change
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
   No Change
   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
   No Change
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:
	Steven W. Gross, Authorized Agent

CONTACT NAME: (To resolve questions with this filing)
Theresa M. Wade

PHONE NUMBER: (Include area code)
503-581-1501

NORWEST TEXTBOOK
10148799-17994101 AMDREG