Assumed Business Name - Amendment

FILED

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Complete only the sections that you are updating.
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JUN 12 2017

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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.

For office use only

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)
3. **DESCRIPTION OF BUSINESS:**
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   5121 Skyline Village Loop S., Ste 100, Salem, OR 97306
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◉
   Russell Boedeker
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   5121 Skyline Village Loop S., Ste 100, Salem, OR 97306
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:				
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: CFO

Printed Name: Russell Boedeker

CONTACT NAME: (To resolve questions with this filing)
Caleb A. Williams

PHONE NUMBER: (Include area code)
(503) 399-1070

NORWEST TEXTBOOK
10148799-18076637 AMDREG