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

FILED
JUN 27 2017
OREGON SECRETARY OF STATE
For office use only

REGISTRY NUMBER: 1314671-93

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:** Tigard Roofing
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:** Roofing Company
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   939 SW View Crest Dr Dundee OR 97115
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** (•) or **NEW** ( )
   Melissa Schirado
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   939 SW View Crest Dr Dundee OR 97115
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: Currie Construction LLC	939 SW View Crest Dr	Dundee	OR	97115
b. WITHDRAWING REGISTRANTS/OWNERS: Melissa Schirado				

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:
Melissa Schirado	Melissa Schirado

CONTACT NAME: (To resolve questions with this filing)
Melissa Schirado

PHONE NUMBER: (Include area code)
503-475-0610

TIGARD ROOFING
131467193-18113555 AMDREG