Assumed Business Name - New Registration

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

FILED

AUG 16 2017

OREGON
SECRETARY OF STATE

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REGISTRY NUMBER: 135234193

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. **ASSUMED BUSINESS NAME:** (To be registered) Schmidl Orthodontics

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2. **DESCRIPTION OF BUSINESS:** (Primary business activity)
Orthodontics

3. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
2937 SISKIYOU BLVD #2
Medford OR, 97504

4. **WHO IS AUTHORIZED TO REPRESENT THE OWNERS:** (Authorized Representative) (One name only)
Dana Schmidl

5. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
2937 SISKIYOU BLVD #2
Medford OR, 97504

6. NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

Name	Street Address	City	State	Zip
DANA SCHMIDL, DDS, PC 1193241-92	2937 SISKIYOU BLVD #2	Medford	OR	97504

7. 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

8. **EXECUTION/SIGNATURE(S):** (All owners/registrants 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: Dana Schmidl

CONTACT NAME: (To resolve questions with this filing)
Dana Schmidl

PHONE NUMBER: (Include area code)
541-773-6600

SCHMIDL ORTHODONTICS
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