Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - 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

REGISTRY NUMBER: 73428584

FILED
NOV 07 2018
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OREGON
SECRETARY OF STATE

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:** PHYSICIANS ANSWERING SERVICE
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:**
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   5100 SW MACADAM AVE, SUITE 210, PORTLAND, OR 97239
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ◯ or **NEW** ◯
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
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
   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. I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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: ALAN N ZAR

CONTACT NAME: (To resolve questions with this filing)
ALAN N ZAR

PHONE NUMBER: (Include area code)
609-921-7177

PHYSICIANS ANSWERING SERVICE
73428584-19482755 AMDREG