APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Jun 17, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

156784994

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

MANE HAVEN

BUSINESS ACTIVITY

FULL SERVICE HAIR SALON

PRINCIPAL PLACE OF BUSINESS

10760 MAIN ST NE
DONALD OR 97020 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

KATE A LARM

PO BOX 363
DONALD OR 97020 USA

REGISTRANT/OWNER

KATE ARLENE LARM

311 S EVERGREEN RD
APT S172
WOODBURN OR 97071 USA

COUNTIES

MARION

I declare as an authorized signer, 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

KATE ARLENE LARM

TITLE

REGISTRANT

DATE SIGNED

06-17-2019