APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Oct 11, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

160416690

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

PARENTING TIME SUPERVISION SERVICES

BUSINESS ACTIVITY

PROVIDE IMPARTIAL SUPERVISION TO PARENTS REQUIRED BY COURT ORDER TO BE SUPERVISED DURING VISITATION WITH THEIR CHILD(REN).

PRINCIPAL PLACE OF BUSINESS

116 S THIRD ST
CENTRAL POINT OR 97502 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

ARLEEN E MARIE

2956 AGATE MEADOWS CIRCLE
WHITE CITY OR 97503 USA

REGISTRANT/OWNER

ARLEEN E MARIE

2956 AGATE MEADOWS CIRCLE
WHITE CITY OR 97503 USA

COUNTIES

JACKSON

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

ARLEEN E MARIE

TITLE

REGISTRANT

DATE SIGNED

10-11-2019