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

FILED

JAN 16 2020

OREGON SECRETARY OF STATE
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Complete only the sections that you are updating.
To review current information, please go to: sos.oregon.gov/bizsearch

REGISTRY NUMBER: 495882-96

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:** DAMEROW FORD

2. **NEW BUSINESS NAME:** (If changed, $50 fee required)

3. **DESCRIPTION OF BUSINESS:**

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ☒
   EVANS RA SERVICES LLC

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   c/o Evans + Evans Law, 5200 Meadows Rd, Ste 150, Lake Oswego, OR 97035

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:
Lawrence Evans, Withdrawing Authorized Representative
Krista Evans, Manager of Evans RA Services LLC

CONTACT NAME: (To resolve questions with this filing)
Krista Evans

PHONE NUMBER: (Include area code)
503-908-3003

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