APPLICATION FOR REGISTRATION

Corporation Division
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E-FILED
Mar 02, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

165030090

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

FACTEUS

BUSINESS ACTIVITY

ANY LAWFUL PURPOSE

PRINCIPAL PLACE OF BUSINESS

4145 SW WATSON AVE STE 200
BEAVERTON OR 97005 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

70046892 - ARM INSIGHT, INC.

4145 SW WATSON AVE STE 200
BEAVERTON OR 97005 USA

REGISTRANT/OWNER

70046892 - ARM INSIGHT, INC.

4145 SW WATSON AVE STE 200
BEAVERTON OR 97005 USA

COUNTIES

MULTNOMAH, WASHINGTON

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

RANDY KOCH

TITLE

REGISTRANT

DATE SIGNED

02-28-2020