Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 [illegible]

381

Complete only the sections that you
To review current information, please

FILED: OCT 1, 2020
OREGON SECRETARY OF STATE

14265490-21485388

REGISTRY NUMBER: 142654-90

In accordance with Oregon Revised Statute 192.410-192.490, the information on this applicati
We must release this information to all parties upon request and it will be posted on our website.

EMPLOYERS OVERLOAD **AMDREG**
For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:** EMPLOYERS OVERLOAD

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** ○

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
1 SW Columbia St., Ste. 900, Portland, OR 97204

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: James W. Hendry

CONTACT NAME: (To resolve questions with this filing)
James W. Hendry

PHONE NUMBER: (Include area code)
503-221-1772

FEES

If Changing Business Name **$50**
No Fee For Other Changes

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

AM0030A only Must Line 4 14-20