Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem

Complete only the sections that you are up
To review current information, please go to: s

Assumed Business Name - Amendment

FILED: JAN 28, 2023
OREGON SECRETARY OF STATE

124867896-24384142

REGISTRY NUMBER: 124867896

WILDFLOUR

AMDREG

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.

For office use only

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

1. **CURRENT BUSINESS NAME:** Wildflour Catering
2. **NEW BUSINESS NAME:** (If changed, $50 fee required) Wildflour
3. **DESCRIPTION OF BUSINESS:** Restaurant and public house
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   1989 Sherman Avenue, North Bend, OR 97459
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ◉ or **NEW** ○
   Tara Moore
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   1989 Sherman Avenue, North Bend, OR 97459
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
Wildflour, LLC	1989 Sherman Avenue	North Bend	OR	97459

b. WITHDRAWING REGISTRANTS/OWNERS:
Tara Moore

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: Tara L. Moore

Printed Name: Tara Moore

CONTACT NAME: (To resolve questions with this filing)
Melissa Cribbins

PHONE NUMBER: (Include area code)
541-297-5639

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.