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

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

FILED: MAY 31, 2023
OREGON SECRETARY OF STATE

30330195-24896125

REGISTRY NUMBER: 303301-95

WILLAMETTE PASS RESORT **AMDREG**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is publ
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:** Willamette Pass Resort

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

3. **DESCRIPTION OF BUSINESS:** Ski Resort

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
27501 HWY 58, Crescent, OR, 97733 No Mail Delivery

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◎
James H. Coleman

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
2615 Main Ave. Ste. D, Durango, CO. 81301

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
Willamette Pass Holdings, LLC.	2615 Main Ave. Ste D.	Durango	CO 81301

b. **WITHDRAWING REGISTRANTS/OWNERS:**
Oregon Skyway LLC

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 H. Coleman

Charles Wiper III

CONTACT NAME: (To resolve questions with this filing)
Charles Wiper III

PHONE NUMBER: (Include area code)
541-393-1401

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.

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