APPLICATION FOR REGISTRATION

Corporation Division
www.filinginoregon.com

E-FILED
Jun 14, 2023
OREGON SECRETARY OF STATE

REGISTRY NUMBER

213315096

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

MYCOVISION

BUSINESS

ADVISING ON ACCESS TO PSILOCYBIN SERVICES INCLUDING FINDING SERVICE CENTERS, RETREATS, SUPPORTIVE HEALTH CARE PROFESSIONALS, AND INTEGRATION.

PRINCIPAL PLACE OF BUSINESS

20219 MERRIEWOOD LN
BEND OR 97702 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

MARY C SHERIDAN

20219 MERRIEWOOD LN
BEND OR 97702 USA

REGISTRANT/OWNER

MARY C SHERIDAN

20219 MERRIEWOOD LN
BEND OR 97702 USA

COUNTIES

DESCHUTES, 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

MARY C SHERIDAN

TITLE

REGISTRANT

DATE

06-12-2023