Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
https://sos.oregon.gov/business/

**2023 Assumed Business Name Renewal**
**Registry Number: 3511599**
**Date of Registration: 08/31/2001**
**Fee: $50**
**Renewal Due Date: 08/31/2023**

**FILED: AUG 17, 2023**
**OREGON SECRETARY OF STATE**

3511599-25189365

**AH BAR RANCH** **REN**

**Name of Assumed Business Name Registration:**
AH BAR RANCH

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

**Principal Place of Business:** 280 S COURT HEPPNER OR 97836
(Physical Street Address)

**Authorized Representative:** PATRICIA HUGHES
**Mailing Address:** ~~PO BOX 1018~~ HEPPNER OR 97836
280 S. Court

**Registrant(s) - Name(s) and Physical Address(es):**
PATRICIA HUGHES 280 S COURT HEPPNER OR 97836
JENNIFER JACA 61186 HIGHWAY 207 HEPPNER OR 97836

**Counties:**

| | | | | | |
|---|---|---|---|---|---|
| ☐ 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 |

**Business Description:** (Primary business activity) SMALL FARM, CATTLE PASTURE AND TIMBER MANAGEMENT

**Signatures:** New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing authority, 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.

**Signature:** _____
**Contact Name:** Patricia Hughes

**Signature:** _____
**Phone Number:** _____

**Make check payable to "Corporation Division" and mail to the address above.**
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.