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
To review current information, please go to

FILED: JAN 24, 2024
OREGON SECRETARY OF STATE

218062396-25797998

REGISTRY NUMBER: 2180623-96

ELEVATE LAW GROUP

AMDREG

For office use only

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

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

1. **CURRENT BUSINESS NAME:** Elevate Law Group

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

3. **DESCRIPTION OF BUSINESS:**

4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
   6000 Meadows Road Suite 450, Lake Oswego, OR 97035

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◎
   ELG Registered Agent Services, LLC (Registry No. 2015206-99)

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   6000 Meadows Road Suite 450, Lake Oswego, OR 97035

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
   Elevate Law Group LLP (Registry No. 493872-85), 6000 Meadows Road Suite 450, Lake Oswego, OR 97035

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: Alex Trauman, Authorized Agent

CONTACT NAME: (To resolve questions with this filing)
Alex Trauman

PHONE NUMBER: (Include area code)
503-417-0505

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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