

Assumed Business Name - Amendment

Secretary of State - Corporation Division - 266 Capitol St. NE, Suite 181 - Salem

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

FILED: MAR 10, 2023
OREGON SECRETARY OF STATE



27326693-24565774

YMCA OF COLUMBIA-WILLAMETTE

AMDREG

REGISTRY NUMBER: 273266-93

In accordance with Oregon Revised Statute 182.410-182.490, the information on this application is put
We must release this information to all parties upon request and it will be posted on our website.

FOR OTHER USE ONLY

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

1. CURRENT BUSINESS NAME: YMCA OF COLUMBIA-WILLAMETTE

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

3. DESCRIPTION OF BUSINESS:

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING ☐ or NEW ☒

DCA ADMINISTRATIVE SERVICES, LLC

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

851 SW SIXTH AVE SUITE 1500, PORTLAND OR 97204

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
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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
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9. COUNTIES:

☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
☒ ALL COUNTIES (Statewide)	☐ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk
☐ 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:

Jeffrey Bull

CONTACT NAME: (To resolve questions with this filing)

JEFFREY A BULL

PHONE NUMBER: (Include area code)

503-306-5340

Assumed Business Name - Amendment (11/17)

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.