

**Assumed Business Name - Amendment**Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310 4397 sos.oregon.gov/business/Pages/Assumed-Business-Names.aspx Phone: (503) 986-3000**Complete only the sections that you are up**
To review current information, please go to: [sos](http://sos.oregon.gov/business/Pages/Assumed-Business-Names.aspx)**FILED: JUN 21, 2024**
OREGON SECRETARY OF STATE

116274192-26391252

REGISTRY NUMBER: 1162741-92

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

MR ELECTRIC OF HILLSBORO**AMDREG**

For Office Use Only

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

1. **CURRENT BUSINESS NAME:** Mr. Electric of Hillsboro
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** ☒ xxx
Stacey Pelster

6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
58569 Pebble Creek Rd., Vernonia OR 97064

7. **REGISTRANTS/OWNERS:** (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. **NEW REGISTRANTS/OWNERS:** 1201585-97 Street Address City State Zip
Tica Enterprises, LLC 161 High St SE, #229 Salem OR 97301

- b. **WITHDRAWING REGISTRANTS/OWNERS:**

SB Electric Inc (Benjamin & Stacey Pelster- 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 |
|-----------------|----------------|------|-------|-----|
|-----------------|----------------|------|-------|-----|

9. **COUNTIES:**
- | | | | | | |
|--------------------------------------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Baker | <input type="checkbox"/> Crook | <input type="checkbox"/> Harney | <input type="checkbox"/> Lake | <input type="checkbox"/> Morrow | <input type="checkbox"/> Union |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Curry | <input type="checkbox"/> Hood River | <input type="checkbox"/> Lane | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa |
| <input checked="" type="checkbox"/> ALL COUNTIES (Statewide) | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk |
| | <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Linn | <input type="checkbox"/> Sherman |
| | <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook |
| | <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla |
| | | | | <input type="checkbox"/> 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:

Stacey Pelster**CONTACT NAME:** (To resolve questions with this filing)**PHONE NUMBER:** (Include area code)**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.