



Assumed Business Name - New Registration

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

FILED: JUN 21, 2024
OREGON SECRETARY OF STATE



227966397-26391244

REGISTRY NUMBER: 227966397
2030141-96

SNAPPING TURTLE

NEWREG

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pub 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. ASSUMED BUSINESS NAME: (To be registered) Snapping Turtle

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2. DESCRIPTION OF BUSINESS: (Primary business activity)

Food Production of Condiments

4. WHO IS AUTHORIZED TO REPRESENT THE OWNERS:

(Authorized Representative) (One name only)

Karla Cross

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

345 N Rope Place, Sisters Oregon, 97759

5. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

345 N Rope Place, Sisters, Oregon 97759

6. NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

Name Street Address City State Zip

Karla Cross 345 N Rope Place Sisters Oregon 97759

7. COUNTIES:

- Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill

8. EXECUTION/SIGNATURE(S): (All owners/registrants 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:

Karla Cross

Printed Name:

Karla Cross

CONTACT NAME: (To resolve questions with this filing)

Karla Cross

PHONE NUMBER: (Include area code)

541-815-9233

FEES

Required Processing Fee \$50
Assumed Business Name filings are good for 2 years
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