

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem,

## Complete only the sections that you are upd To review current information, please go to: so!

FILED: JUN 21, 2024 **OREGON SECRETARY OF STATE** 

REGISTRY NUMBER: 698384-99

					ECT WOOD FLOORS	AMDREG
n accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public Ve must release this information to all parties upon request and it will be posted on our website.						For office use only
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.						
1. CURRENT BUSINESS NAME: Oregon Select Wood Floors						
2. NEW BUSINESS NAME: (If changed, \$50 fee required)						4 .
3. DESCRIPTION OF BUSINESS:						
4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)						
130 SW Tahoma St, Cascade Locks, OR, 97014						
5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING © or NEW ©						
6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:						
PO Box 102, Cascade Locks, OR, 97014						
7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)						
a. NEW REGISTE	a. NEW REGISTRANTS/OWNERS: Street		et Address	City	State	Zip
JB Double H	I LLC	130 SV	√ Tahoma St	Cascade Locks	OR	97014
b. WITHDRAWING REGISTRANTS/OWNERS:						
Oregon Select Enterprises, Inc						
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:	□ Baker	Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
	☐ Benton	Curry	☐ Hood River	☐ Lane		Wallowa
ALL COUNTIES	Clackamas	Deschutes	☐ Jackson	Lincoln	Polk	☐ Wasco
(Statewide)	Clatsop	Douglas	☐ Jefferson	Linn	☐ Sherman	
	☐ Columbia	☐ Gilliam	☐ Josephine	Malheur	☐ Tillamook	
	☐ 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 Hlavac						
CONTACT NAME: (To resolve questions with this filing)						

If Changing Business Name

No Fee For Other Changes

\$50

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Assumed Business Name - Amendment (11/17)

Jeffrey Hlavac

503-997-8889

PHONE NUMBER: (Include area code)