

**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 Fax: (503) 978-1284

Complete only the sections that you are updating
To review current information, please go to: sos.oregon.gov/business**FILED: JUN 21, 2024**
OREGON SECRETARY OF STATE

83339698-26391778

REGISTRY NUMBER: 833396-98

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

EUGENE BACKFLOW TESTING**AMDREG**Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1. **CURRENT BUSINESS NAME:** _____
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** ☒ _____
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:** _____

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
Bend Backflow Testing LLC, 25598 Alfalfa Market Rd., Bend, OR 97701

b. **WITHDRAWING REGISTRANTS/OWNERS:**
David Joseph Doerr

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:**
- | | | | | | |
|--|------------------------------------|-------------------------------------|------------------------------------|---|------------------------------------|
| <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 checked="" type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> ALL COUNTIES
(Statewide) | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Wasco |
| | <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:David Joseph Doerr**Printed Name:**David Joseph Doerr**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.