

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

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

FILED: JUN 21, 2024 OREGON SECRETARY OF STATE

01-305-02

PHONE NUMBER: (Include area code)

REGISTRY NUMBER: O US	07-10		FIGUING TH	86538593-26391	
n accordance with Oregon Revised Statute 192.410			FISHING TH	E ROGUE	AMDREG For office use only
We 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:	Fishing	The Bog	ve		
2. NEW BUSINESS NAME: (If changed, \$5	ل (O fee required				
3. DESCRIPTION OF BUSINESS:					
4. PRINCIPAL PLACE OF BUSINESS: (St	reet Address, City	, State, Zip)		,	
5. NAME OF AUTHORIZED REPRESENT	ATIVE: (One nam	e only) CONTINUIN	GC or NEW ©		
The state of the s					
6. MAILING ADDRESS OF AUTHORIZED) REPRESENTATIV	Æ:			- · · · · · · · ·
					
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					
۸ ، ، ، ،		_	obb Ave S	State	AZ 85173
b. WITHDRAWING REGISTRANTS/O	WNERS:			1 1 1 1 1	11 10 000
Fishing The	170gue L	LC 754	Glass Lo	ine White (city OK 9750
8. CURRENT REGISTRANTS/OWNERS A Registrant Name	ADDRESS CHANG Street Address	E ONLY: (This section is	only for registrant add City	ress changes)(Attach sepa State	rrate sheet if needed) Zip
			•		·
9. COUNTIES: Baker	Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
☐ Benton	Curry	☐ Hood River	🗀 Lane	Multnomah	🗀 Wallowa
ALL COUNTIES 📮 Clackamas	Deschutes	☐ Jackson	🗀 Lincoln	☐ Polk	☐ Wasco
(Statewide) 🗀 Clatsop	Douglas	☐ Jefferson	☐ Linn	☐ Sherman	
☐ Columbia	☐ Gilliam	Josephine	☐ Malheur	🗍 Tillamook	Wheeler
. Coos	☐ Grant		☐ Marion	☐ Umatilla	☐ Yamhill
10. SIGNATURE(S): New Registrants must	sign. If any Registr	ants are WITHDRAWIN	G, withdrawing Regi	strants or Authorized R	epresentative must sign.
misrepresent the identity of any person i	ncluding officers, di	rectors, employees, me	embers, managers or	agents. This filing has	been examined by
me and is, to the best of my knowledge a be penalized by fines, imprisonment, or b		ect and complete. Mal	king false statements	in this document is ag	ainst the law and may
Signature:		Pri	nted Name:	•	
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<u> </u>				·	
CONTACT NAME: (To resolve questions with this filing) FEES					
Bochelle Brown 541, 787, 1255 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.