



Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151
Please Type or Print Legibly in Black

REGISTRY NUMBER: 1417201-93ENTITY TYPE: ☒ DOMESTIC ☐ FOREIGN

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

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



141720193-26393860

NORTHWEST FOUNDATION REPAIR...

AAR

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

NorthWest Foundation Repair LLC.

2. BUSINESS ACTIVITY

Complete only the sections that you are updating.

3. PRINCIPAL PLACE OF BUSINESS: (Street Address)

4. THE REGISTERED AGENT HAS BEEN CHANGED TO:

5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

Must be an Oregon Street Address, which is identical to the
registered agent's office.

6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

PO Box 5285Salem OR. 97304

7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS

APPOINTMENT. The entity has been notified in writing of this change.

8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE
AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT
ARE IDENTICAL.9. INDIVIDUAL WITH DIRECT KNOWLEDGE (Names and Addresses)
List the name and address of at least one individual who is a director, or controlling
shareholder of the corporation (member or manager of the LLC) or an authorized
representative with direct knowledge of the operations and business activities of
the corporation or LLC.Gregory Allen Locke SR.PO Box 5285 Salem OR 97304

10. NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Business and Professional Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 62.455, ORS 554.315).

Nonprofit Corporations list the name and address of one President and one Secretary. Nonprofit Corporations that are Public Benefit list the name and address of one Treasurer (ORS 65.371).

Limited Liability Companies list the names and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787). Please attach a separate sheet of paper if needed.

If making changes to this section, list all current names and addresses. This replaces what is currently on the record.

PRESIDENT OR OWNER(S) (MEMBERS):

(Names and Addresses)

Gregory Allen Locke SR.PO Box 5285Salem OR. 97304

SECRETARY OR MANAGER(S):

(Names and Addresses)

TREASURER - NONPROFIT ONLY:

(Name and Address)

11. EXECUTION: 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:

Greg Locke Sr.

PRINTED NAME:

Greg Locke SR.

TITLE:

Owner

CONTACT NAME: (To resolve questions with this filing)

Greg Locke

PHONE NUMBER: (Include area code)

(503) 929-4066

FEES

No Processing Fee

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