



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) 378-4381

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

FILED: JUN 24, 2024 OREGON SECRETARY OF STATE



224545897-26393419

REGISTRY NUMBER: 2245458-97

RENTAL FIXERS

AMDREG

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. 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. CURRENT BUSINESS NAME: RENTAL FIXERS

2. NEW BUSINESS NAME: (If changed, \$50 fee required)

3. DESCRIPTION OF BUSINESS: General Contracting

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 10117 SE Sunnyside Rd, Ste F26, Clackamas, OR 97015

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 NW Property Management and Maintenance LLC 10117 SE Sunnyside Rd, Ste F26, Clackamas, OR 97015

b. WITHDRAWING REGISTRANTS/OWNERS: Daniel A Hachoue 10117 SE Sunnyside Rd. STE F26, Clackamas OR 97015

8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

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

[Handwritten Signature]

Printed Name:

Daniel A Hachoue

CONTACT NAME: (To resolve questions with this filing)

Daniel A Hachoue

PHONE NUMBER: (Include area code)

+1 503 915.4030

Assumed Business Name - Amendment (11/17)

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.