



Phone: (503) 986-2200  
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# Change of Registered Agent/Address—Corporations/LLC

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

## Check the appropriate box below:

- ☒ CHANGE OF AGENT AND ADDRESS  
(Complete only 1, 2, 3, 4, 5, 6, 11)  
☐ CHANGE OF ADDRESS ONLY  
(Complete only 1, 7, 8, 9, 10, 11)

FILED

OCT 22 2009

OREGON  
SECRETARY OF STATE

REGISTRY NUMBER: 413396-98

NOTE: Use this form for Cooperatives or Business Trusts.

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.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) ENTITY NAME Chetco River Resort, LLC

### CHANGE OF REGISTERED AGENT AND OFFICE

- 2) THE REGISTERED AGENT HAS BEEN CHANGED TO:  
Alan Murray
- 3) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.
- 4) ADDRESS OF THE NEW REGISTERED OFFICE (Must be an Oregon Street Address which is identical to the registered agent's business office.)  
977 48 No Bank Chetco  
BROOKINGS, OR 97415 Riv Rd
- 5) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.
- 6) EXECUTION  
(Must be signed by one corporate officer or director for a corporation or a member/manager for a limited liability company.)  
Signature: [Signature]  
Printed Name: Alan Murray  
Title: Member

### CHANGE OF REGISTERED AGENT'S BUSINESS OFFICE ONLY

- 7) NEW ADDRESS OF REGISTERED AGENT (The business address of the registered agent has changed to the following Oregon Street Address.)  
\_\_\_\_\_  
\_\_\_\_\_
- 8) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.
- 9) NOTIFICATION  
☐ The entity has been notified in writing of this change.
- 10) EXECUTION  
(Must be signed by the registered agent or a corporate officer or director for a corporation or a member/manager for a limited liability company.)  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

11) CONTACT NAME (To resolve questions with this filing.)

Alan Murray

DAYTIME PHONE NUMBER (Include area code.)

707 487 1021

### FEES

No Processing Fee

Per Christina - 10-22-09

CHETCO RIVER RESORT, LLC



41339698-11369110

ACH