



Phone: (503) 986-2200
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Assumed Business Name - Amendment

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

FILED

JAN 30 2007

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 359 205 91

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.

To change business name use new registration, Form 101.

1) ASSUMED BUSINESS NAME: Nehalem Bay Hardwoods

2) DESCRIPTION OF BUSINESS: hardwood flooring contractor

3) PRINCIPAL PLACE OF BUSINESS (Street address, city, state, zip):
43505 Carol Dr
Nehalem OR 97131

4) NAME OF AUTHORIZED REPRESENTATIVE (One name only):
CONTINUING NEW
Debbie Sherman

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:
PO BOX 456
Nehalem OR 97131

6) REGISTRANTS (List name and publicly available street address of each person or entity who will conduct or transact business under the assumed business name.) (All new registrants must be listed. If registrants are withdrawing, both continuing and withdrawing registrants must be listed.)

NEW REGISTRANTS (Name, Street Address)	CONTINUING REGISTRANTS (Name, Street Address)	WITHDRAWING REGISTRANTS
	<u>Bill Sherman</u>	<u>Debbie Sherman</u>

- 7) COUNTIES
- | | | | | | | |
|---|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> ALL COUNTIES (Statewide) | <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 type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa |
| | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk | <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"/> Washington |
| | <input type="checkbox"/> Columbia | <input type="checkbox"/> Gilliam | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook | <input type="checkbox"/> Wheeler |
| | <input type="checkbox"/> Coos | <input type="checkbox"/> Grant | <input type="checkbox"/> Klamath | <input type="checkbox"/> Marion | <input type="checkbox"/> Umatilla | <input type="checkbox"/> Yamhill |

8) SIGNATURES Any change requires a signature. New registrants must sign. If any registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. If there is a change of Authorized Representative, all registrants must sign.

Bill Sherman

Debbie Sherman

9) CONTACT NAME (To resolve questions with this filing): Debbie Sherman

DAYTIME PHONE NUMBER (include area code): 503-368-6892

FEES

No Processing Fee
Confirmation Copy (Optional) \$5.

DF/30