



Phone: (503) 986-2200
 Fax: (503) 378-4381

Assumed Business Name—New Registration

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

FILED
FEB 08 2003

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 129122-91

In keeping with Oregon Statute 192.410-192.595, the information on the application is public record. We must release this information to all parties upon request and it may be posted on our website.

For office use only

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

1) ASSUMED BUSINESS NAME (To be registered)

Colima GENERAL Yard Work

2) DESCRIPTION OF BUSINESS (Primary business activity)

Yard Work

4) AUTHORIZED REPRESENTATIVE (One name only)

Ramon Lopez

3) PRINCIPAL PLACE OF BUSINESS (Street address, city, state, zip)

5172 N. "A" STREET
Springfield, OR 97478

5) MAILING ADDRESS FOR AUTHORIZED REP (Address, city, state, zip)

P.O. Box 71301
EUGENE, OR 97401

6) REGISTRANTS/OWNERS (List name and street address of each person who will conduct or transact business under the assumed business name.)
 (Attach a separate sheet if necessary)

NAME	STREET ADDRESS	CITY/STATE/ZIP
<u>Ramon Lopez</u>	<u>5172 N. "A" STREET</u>	<u>Springfield, OR 97478</u>

- 7) COUNTIES
- | | | | | | |
|---|------------------------------------|-------------------------------------|---|------------------------------------|-------------------------------------|
| <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 checked="" type="checkbox"/> Lane ✓ | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa |
| <input type="checkbox"/> ALL COUNTIES (Statewide) | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input checked="" type="checkbox"/> Lincoln ✓ | <input type="checkbox"/> Polk | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Clatsop | <input type="checkbox"/> Douglas | <input type="checkbox"/> Jefferson | <input checked="" 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) EXECUTED/SIGNED BY: (All registrants/owners must sign)

[Signature]

FEES

Required Processing Fee \$20
 Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable

Please make check payable to "Corporation Division"

NOTE:
 Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

9) CONTACT NAME (To resolve questions with this filing)

Ramon Lopez

DAYTIME PHONE NUMBER (Include area code)

(541) 521-2859

9728