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Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http//:www.FilingInOregon.com - Phone: (503) 986-2200

REGISTRY NUMBER: 110901-56 ~~110900-56~~

FILED
DEC 16 2010
OREGON
SECRETARY OF STATE
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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.

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

To change business name use Assumed Business Name - New registration form.

1) **ASSUMED BUSINESS NAME:** Les Schwab Tire Centers

2) **DESCRIPTION OF BUSINESS:**
Retail tire sales and service

3) **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip Code)
20900 Cooley Road, Bend OR 97701

4) **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☐ or **NEW** ■
Corey J. Parks

5) **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:** (Street Address, City, State, Zip Code)
PO Box 5350, Bend OR 97708

6) **REGISTRANTS/OWNERS:** (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, City, State, Zip Code)	CONTINUING REGISTRANTS (Name, Street Address, City, State, Zip Code)	WITHDRAWING REGISTRANTS
	Les Schwab Tire Centers of Portland, Inc.	
	20900 Cooley Road	
	Bend, OR 97701	

7) **COUNTIES:**

☐ **ALL COUNTIES** (Statewide)

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

By my signature, I declare as an authorized authority, that 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.

Corey J. Parks, Secretary

[redacted] 12/12/08)

CONTACT NAME: (To resolve questions with this filing.)
MJ Grimes

PHONE NUMBER: (Include area code.)
541.416.5211

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