

**Assumed Business Name - New Registration**Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 161 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 886-2200**FILED**

JAN 09 2012

REGISTRY NUMBER:

82500993

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

**OREGON
SECRETARY OF STATE**

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

1) ASSUMED BUSINESS NAME: (To be registered)Colestin Caprines

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2) DESCRIPTION OF BUSINESS: (Primary business activity)Soap Manufacturer**4) WHO IS AUTHORIZED TO REPRESENT THE OWNERS:**
(Authorized Representative) (One name only)Betsy A. Bradshaw**3) PRINCIPAL PLACE OF BUSINESS: (Address, city, state, zip)**2480 Colestin Rd.
Ashland, OR 97520**5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**P.O. Box 1197
Ashland, OR 97520**6) NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)**

Name, Street Address, City, State, Zip Code

Betsy A. Bradshaw
2480 Colestin Rd.
Ashland, OR 97520**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 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 |

☒ **ALL COUNTIES**
(Statewide)**8) EXECUTION/SIGNATURE(S): (All owners/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.

Signature:

Betsy A. Bradshaw

Printed Name:

Betsy A. Bradshaw**CONTACT NAME: (To resolve questions with this filing.)**COLESTIN CAPRINES

82500993-13214612

NEWREG

FEES

Required Processing Fee \$50

Confirmation Copy (Optional) \$5

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