

973/36 \$50



Assumed Business Name - New Registration

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - FILED 906-2200

MAY 31 2013

OREGON SECRETARY OF STATE

REGISTRY NUMBER:

941290-96

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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.

For office use only

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

1) ASSUMED BUSINESS NAME: (To be registered)

Goodskin Dermatology

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)

dermatology office

4) WHO IS AUTHORIZED TO REPRESENT THE OWNERS: (Authorized Representative) (One name only)

Paul J. Aanderud DO PC

3) PRINCIPAL PLACE OF BUSINESS: (Address, city, state, zip)

9775 Southeast Sunnyside Road, Suite 500 Clackamas, OR 97015

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

9775 Southeast Sunnyside Road, Suite 500 Clackamas, OR 97015

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

Clackamas Dermatology PC; 9775 SE Sunnyside Road, Suite 500; Clackamas, OR 97015 Paul J. Aanderud DO PC; 9775 SE Sunnyside Road, Suite 500; Clackamas, OR 97015

7) COUNTIES:

- Counties: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill

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:

[Handwritten signature]

Printed Name:

Clackamas Dermatology PC by Paul J. Aanderud DO, President Paul J. Aanderud DO PC by Paul J. Aanderud DO, President

GOODSKIN DERMATOLOGY



94129096-14393205

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FEES

Required Processing Fee \$50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at FilingInOregon.com, using the Business Name Search program.