



Amendment to Annual Report/Information Statement - Limited Liability Company

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

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JUL 09 2013

OREGON SECRETARY OF STATE

REGISTRY NUMBER: 328326-93

ENTITY TYPE: [X] DOMESTIC [] FOREIGN

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.

1) NAME OF ENTITY: SUESS & ASSOCIATES, LLC

2) PRINCIPAL PLACE OF BUSINESS: (Street Address)

3) ADDRESS FOR MAILING NOTICES:

4) THE REGISTERED AGENT HAS BEEN CHANGED TO:

5) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

6) ADDRESS OF THE NEW REGISTERED OFFICE: (Must be an Oregon Street Address which is identical to the registered agent's business office.)

7) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

The entity has been notified in writing of this change.

MEMBERS AND/OR MANAGERS

8) MEMBERS: (Name and street address)

9) MANAGERS: (Name and street address)

Sharon L. Suess and Charles Robert Suess, Jr., co-trustees of The Sharon L. Suess Revocable Living Trust dated September 5, 2008 P.O. Box 456, Springfield, OR 97477 and Charles Robert Suess, Jr., and Sharon L. Suess, co-trustees of The Charles Robert Suess, Jr., Revocable Living Trust dated September 5, 2008 P.O. Box 456, Springfield, OR 97477

Charles Robert Suess, Jr. P. O. Box 456, Springfield, OR 97477

10) EXECUTION: (Must be signed by at least one member or manager.)

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:

Printed Name: Charles Robert Suess, Jr.

Title: Manager

Date:

CONTACT NAME: (To resolve questions with this filing)

SUESS & ASSOCIATES, LLC



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No Processing Fee

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