



Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200
Fax: (503) 378-4381

Complete only the sections that you are updating.

FILED

APR 10 2015

OREGON
SECRETARY OF STATE

For office use only

REGISTRY NUMBER: 1051946-90

ENTITY TYPE: ☒ 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.

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

1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:

ICAB NORTHWEST LLC

2. PRINCIPAL PLACE OF BUSINESS: (Street Address)

1256 Willagillespie Rd
Eugene OR 97401

3. THE REGISTERED AGENT HAS BEEN CHANGED TO:

4. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

Must be an Oregon Street Address, which is identical to the registered agent's office.

5. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

6. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

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.

NAME(S) AND ADDRESS(ES) OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS

Corporations list the name and address of the President and Secretary (ORS 60.787, ORS 65.787, ORS 62.455, ORS 554.315).

Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787).

8. PRESIDENT OR OWNER(S) (MEMBERS): (Names and Street address)

John Webb, 1256 Willagillespie Rd
Scott Ankersen, 1256 Willagillespie Rd
Sanford Trefethen, 1256 Willagillespie Rd

9. SECRETARY OR MANAGER(S): (Names and Street address)

10. EXECUTION: By my signature, I declare as an authorized signer, 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:

TITLE:

Sanford Trefethen

Sanford Trefethen

Member

FEES

No Processing Fee

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

ICAB NORTHWEST LLC



105194690-15950963

AAR