



FILED

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MAY 12 2016

REGISTRY NUMBER: 191677-90

OREGON
SECRETARY OF STATE

For office use only

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. CURRENT BUSINESS NAME: Highway 99 Self-Storage

2. NEW BUSINESS NAME: (If changed, \$50 fee required)

3. DESCRIPTION OF BUSINESS: Self storage and warehousing.

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)

1601 Highway 99 North, Eugene, OR 97402

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING ☐ or NEW ☒

Tamara D. Fischer

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

5200 DTC Parkway, Suite 200, Greenwood Village, CO 80111

7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS:	Street Address	City	State	Zip
Bauer NW Storage LLC	5200 DTC Parkway, Suite 200	Greenwood Village	CO	80111

b. WITHDRAWING REGISTRANTS/OWNERS:

Bauer Revocable Family Trust	14855 SE 82nd Drive	Clackamas	OR	97015
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8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name	Street Address	City	State	Zip
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9. 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 checked="" type="checkbox"/> Lane	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Wallowa
<input type="checkbox"/> ALL COUNTIES (Statewide)	<input type="checkbox"/> Clackamas	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Jackson	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Polk
	<input type="checkbox"/> Clatsop	<input type="checkbox"/> Douglas	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Linn	<input type="checkbox"/> Sherman
	<input type="checkbox"/> Columbia	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Josephine	<input type="checkbox"/> Malheur	<input type="checkbox"/> Tillamook
	<input type="checkbox"/> Coos	<input type="checkbox"/> Grant	<input type="checkbox"/> Klamath	<input type="checkbox"/> Marion	<input type="checkbox"/> Umatilla
				<input type="checkbox"/> Yamhill	

10. SIGNATURE(S): New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative 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:

Printed Name:

Kevin Howard, authorized representative

Tamara D. Fischer, authorized representative

CONTACT NAME: (To resolve questions with this filing)

Karen Gerken

PHONE NUMBER: (Include area code)

(720) 630-2600

Assumed Business Name - Amendment (06/15)

FEES

HIGHWAY 99 SELF-STORAGE



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