

# APPLICATION FOR REGISTRATION



Corporation Division  
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**E-FILED**  
Aug 08, 2016  
**OREGON SECRETARY OF STATE**

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**REGISTRY NUMBER**

123951295

**TYPE**

ASSUMED BUSINESS NAME

**ENTITY NAME**

541APPLIANCE

**BUSINESS ACTIVITY**

DIAGNOSE AND REPAIR APPLIANCES

**PRINCIPAL PLACE OF BUSINESS**

320 RABBIT HILL LN  
GLIDE OR 97443 USA

**NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE**

CODY EVERS

1135 NW TROOST ST  
ROSEBURG OR 97471 USA

**REGISTRANT/OWNER**

CODY EVERS

1135 NW TROOST ST  
ROSEBURG OR 97471 USA

**COUNTIES**

DOUGLAS



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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

CODY EVERS

**TITLE**

REGISTRANT

**DATE SIGNED**

08-08-2016