



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
www.filinginoregon.com

2017 Assumed Business Name Renewal
Registry Number: 108360991
Date of Registration: 02/04/2015
Fee: \$50
Renewal Due Date: 03/09/2017
Note: Renewal due every two years
EAGLE FERN VETERINARY HOSPITAL

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

Principal Place of Business: 585 NW ZOBRIST ST ESTACADA OR 97023
(Physical Street Address)

FILED
FEB 10 2017

Authorized Representative: LEO HOEFT
Mailing Address: PO BOX1804 ESTACADA OR 97023

OREGON
SECRETARY OF STATE

Registrant(s) - Name(s) and Physical Address(es):
HOEFT ENTERPRISES, LLC

Counties:

- | | | | | | |
|---|---|--|---|---|--|
| <input checked="" type="checkbox"/> BAKER | <input checked="" type="checkbox"/> CROOK | <input checked="" type="checkbox"/> HARNEY | <input checked="" type="checkbox"/> LAKE | <input checked="" type="checkbox"/> MORROW | <input checked="" type="checkbox"/> UNION |
| <input checked="" type="checkbox"/> BENTON | <input checked="" type="checkbox"/> CURRY | <input checked="" type="checkbox"/> HOOD RIVER | <input checked="" type="checkbox"/> LANE | <input checked="" type="checkbox"/> MULTNOMAH | <input checked="" type="checkbox"/> WALLOWA |
| <input checked="" type="checkbox"/> CLACKAMAS | <input checked="" type="checkbox"/> DESCHUTES | <input checked="" type="checkbox"/> JACKSON | <input checked="" type="checkbox"/> LINCOLN | <input checked="" type="checkbox"/> POLK | <input checked="" type="checkbox"/> WASCO |
| <input checked="" type="checkbox"/> CLATSOP | <input checked="" type="checkbox"/> DOUGLAS | <input checked="" type="checkbox"/> JEFFERSON | <input checked="" type="checkbox"/> LINN | <input checked="" type="checkbox"/> SHERMAN | <input checked="" type="checkbox"/> WASHINGTON |
| <input checked="" type="checkbox"/> COLUMBIA | <input checked="" type="checkbox"/> GILLIAM | <input checked="" type="checkbox"/> JOSEPHINE | <input checked="" type="checkbox"/> MALHEUR | <input checked="" type="checkbox"/> TILLAMOOK | <input checked="" type="checkbox"/> WHEELER |
| <input checked="" type="checkbox"/> COOS | <input checked="" type="checkbox"/> GRANT | <input checked="" type="checkbox"/> KLAMATH | <input checked="" type="checkbox"/> MARION | <input checked="" type="checkbox"/> UMATILLA | <input checked="" type="checkbox"/> YAMHILL |

Business Description: (Primary business activity)

Veterinary Hospital

Signatures: New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing 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: Leo Hoef **Signature:** _____

Contact Name: Leo Hoef **Phone Number:** 503-630-3538

Make check payable to "Corporation Division" and mail completed form with payment to the address above.

Note: Filing fees may be paid with a major credit card.

Submit the card number and expiration date on a separate page for your protection.

EAGLE FERN VETERINARY HOSPITAL



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