APPLICATION FOR REGISTRATION



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REGISTRY NUMBER

137779294

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

CORNERSTONE SECURITY GROUP

BUSINESS ACTIVITY

PRIVATE SECURITY SERVICES PROVIDER

PRINCIPAL PLACE OF BUSINESS

10305 SW WILSONVILLE RD APT 22 WILSONVILLE OR 97070 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

MATTHEW CADY

10305 SW WILSONVILLE RD APT 22 WILSONVILLE OR 97070 USA

REGISTRANT/OWNER

MATTHEW CADY

10305 SW WILSONVILLE RD APT 22 WILSONVILLE OR 97070 USA

REGISTRANT/OWNER

JEFFREY JAMES

10305 SW WILSONVILLE RD APT 22 WILSONVILLE OR 97070 USA

COUNTIES

CLACKAMAS



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 SIGNATURES

NAME

MATTHEW CADY

TITLE

REGISTRANT

DATE SIGNED

11-08-2017

NAME

JEFFREY JAMES

TITLE

REGISTRANT

DATE SIGNED

11-08-2017