

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Complete only the sections that you are updating.

To review current information, please go to: sos.oregon.gov/bizsearch

DEC 12 2017

REGISTRY NUMBER:

939687-91

OREGON SECRETARY OF STATE

			•		GEUREIM	IN OF STATE
n accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. Ne must release this information to all parties upon request and it will be posted on our website.						For office use only
Please Type or Print Le	egibly in Black Ink. A	ttach Additional Sheet	if Necessary.			
CURRENT BUSIN	NESS NAME:	Lovey 3	James			
NEW BUSINESS	NAME: (if changed,	\$50 fee required)				
DESCRIPTION O	F BUSINESS:	Ausician.	Artist			
PRINCIPAL PLAC	CE OF BUSINESS: (Street Address, City	, State, Zip)			
	297 SE	- 63rd	lane Hi	llsboro	OR 9712	13
NAME OF AUTH	ORIZED REPRESE	NTATIVE: (One nam	ne only) CONTINUI	NG or NEW (•	
	orea t	sundy		·		
MAILING ADDR	ESS OF AUTHORIZ	ED REPRESENTATIV	/E:	1	60 0-	- 0
120	17 SE	63rd L	ane Hill	80000	OK 971	2 3
		e and publicly available	street address of new reg	istrants)(Attach separa	te sheet if needed)	
a. NEW REGISTI	RANTS/OWNERS:	Stre	eet Address	City	State	Zip
- hier	sty Anv	1, LLL	1241 1 SE	103rd La	ne Hillsbo	10 OKY 110
b. WITHDRAWII	NG REGISTRANTS	OWNERS:		1	11-11 100	A AD 0715
<u>Grea</u>	Bund	1 1297	SE U3	ra lane	_ H1118100	10 0K9/10
CURRENT REGIS	TRANTS/OWNER	S ADDRESS CHANG	E ONLY: (This section is		iress changes)(Attach sepa	
Registrant Nam	е	Street Address		City	State	Zip
				<u>-</u>		
ALL COUNTIES (Statewide)	Baker	Crook	☐ Harney	Lake		☐ Union
	☐ Benton	Curry	☐ Hood River	Lane	Multnomah	
	Clackamas	Deschutes	☐ Jackson	Lincoln	☐ Polk	
	Clatsop	Douglas	Jefferson	Linn	Sherman	
	Columbia	☐ Gilliam	Josephine		Tillamook	Wheeler
	☐ Coos	☐ Grant	 Klamath	☐ Marion	☐ Úmatilla	☐ Yamhill
10. SIGNATURE(S):	New Registrants mu	ıst sign. If any Registr	ants are WITHDRAWIN	IG. withdrawing Regi	strants or Authorized R	epresentative must sign.
I declare as an auth	orized signer, unde	penalty of perjury, th	nat this document does	not fraudulently co	nceal, obscure, alter, or	otherwise
me and is, to the be	est of my knowledge	and belief, true, corr	ect and complete. Ma	king false statement	agents. This filing has in this document is ag	ainst the law and may
be penalized by fine Signature:	es, imprisonment, o	both.	Dri	nted Name:		
		K) ican	12 d. 1	
9				- Grea	Buray	
CONTACT NAME: (To	o resolve questions wi	h this filing)	FEES		<u> </u>	
Mari	ca Duiz		} = amec - c	r n mundugeneru.		
PHONE NUMBER: (II	nclude area code)			ging Business Nan For Other Changes	ne \$50	(
SA 2	7.0110 1	682	Processing		LOVEY JA	MES
	1-848-0	700	Free copie			_
Assumed Busin	iess Name - Amendme	nt (11/17)				- 1 - 1 - 1 - 1 1 1 1 1