



Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 Fax: (503) 378-4381

Complete only the sections that you are updating. To review current information, please go to: sos.oregon.gov/bizsearch

REGISTRY NUMBER: 037012-99

FILED

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.

JUN 13 2010 For office use only

OREGON SECRETARY OF STATE

- 1. CURRENT BUSINESS NAME: Redwood Memorial Chapel
2. NEW BUSINESS NAME: (If changed, \$50 fee required)
3. DESCRIPTION OF BUSINESS: Funeral Services
4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 1020 Fifield Street, Brookings, Oregon 97415
5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING or NEW Bryan Carnahan
6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: 560 12th Street, Fortuna, California 95540

7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)
a. NEW REGISTRANTS/OWNERS: Carnahan Funeral Services Inc. 560 12th Street Fortuna California 95540
b. WITHDRAWING REGISTRANTS/OWNERS: S5 Enterprises, Inc. 1020 Fifield Street Brookings Oregon 97415

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

- 9. COUNTIES: Baker, Benton, Clackamas, Clatsop, Coos, Crook, Deschutes, Douglas, Gilliam, Grant, Harney, Hood River, Jackson, Jefferson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Malheur, Marion, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill
ALL COUNTIES (Statewide) [checked]

10. SIGNATURE(S): New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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: [Handwritten Signature]

Printed Name: Travis Sandusky, Authorized Representative Bryan Carnahan, Authorized Representative

CONTACT NAME: (To resolve questions with this filing) Lawrence F. Finneran
PHONE NUMBER: (Include area code) 541.269.5565

REDWOOD MEMORIAL CHAPEL



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