



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

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

2018 Assumed Business Name Renewal
Registry Number: 103975595
Date of Registration: 08/08/2014
Fee: \$50
Renewal Due Date: 08/08/2018
Note: Renewal due every two years
CLATSOP CARE IN-HOME CARE

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: 646 16TH STREET ASTORIA OR 97103
(Physical Street Address)

Authorized Representative: MARK REMLEY
Mailing Address: 646 16TH STREET ASTORIA OR 97103

Registrant(s) - Name(s) and Physical Address(es):
CLATSOP CARE CENTER 646 16TH ST ASTORIA OR 97103
HEALTH DISTRICT

FILED
AUG 03 2018
OREGON
SECRETARY OF STATE

Counties:

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

Business Description: (Primary business activity) IN HOME CARE AGENCY

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: Mark D. Remley **Signature:** _____
Contact Name: Mark D. Remley **Phone Number:** _____

Make check payable to "Corporation Division" and mail 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.

CLATSOP CARE IN-HOME CARE



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