



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) 996-2200 Fax (503) 378-4381

Complete only the sections that you are updating.

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

FILED

FEB 13 2019

REGISTRY NUMBER: 146454293

OREGON SECRETARY OF STATE For office use only

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.

1. CURRENT BUSINESS NAME: Sunriver Watchmen

2. NEW BUSINESS NAME: (If changed, \$50 fee required)

3. DESCRIPTION OF BUSINESS: Contracting services

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 55802 Snow Goose Rd. Bend Oregon 97707

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING (X) or NEW ()

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: PO Box 4086 Sunriver Oregon 97707

7. REGISTRANTS/OWNERS: (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS: Street Address City State Zip

b. WITHDRAWING REGISTRANTS/OWNERS:

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 46746384 - NexLevel Inc 411 5th St. Oregon City Oregon 97045

- 9. COUNTIES: Baker, Benton, Clackamas, Clatsop, Columbia, Coos, Crook, Curry, 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

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.

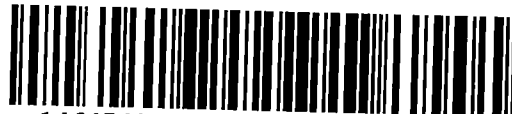
Signature: [Handwritten Signature]

Printed Name: Michael Derwey

CONTACT NAME: (To resolve questions with this filing) Michael Derwey

PHONE NUMBER: (Include area code) 503-969-4387

SUNRIVER WATCHMEN



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on Division Search program