



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

FILED JUL 31 2019

Print Form

Reset Form

REGISTRY NUMBER: 1026733-99

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.

OREGON SECRETARY OF STATE

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. CURRENT BUSINESS NAME: Timber Grove at Mt. Scott

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

3. DESCRIPTION OF BUSINESS: Apartment Communtiy

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 8860 SE Flavel Street, Portland, Oregon 97266

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING (checked) or NEW Gregory Mayes

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: 11625 SE 40th Ave, Milwaukie, OR 97222

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

a. NEW REGISTRANTS/OWNERS: Liberty Management Group, LLC, 11625 SE 40th Ave., Milwaukie, Oregon 97222

b. WITHDRAWING REGISTRANTS/OWNERS: William E. Mayes, Shirley L. Mayes

8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY: (This section is only for registrant address changes)(Attach separate sheet if needed)

- 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, Marion, Malheur, Morrow, Multnomah, Polk, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Washington, Wheeler, Yamhill. ALL COUNTIES (Statewide) is 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: Gregory Mayes

CONTACT NAME: (To resolve questions with this filing)

Gregory Mayes

PHONE NUMBER: (Include area code)

503-659-2838



Corporation Division". Using the Business Name Search program.