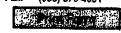


## Corporation/Limited Liability Company - Information Change

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200 Please Type or Print Legibly in Black ink. Attach Additional Sheet if Necessary. Fex: (603) 378-4381

REGISTRY NUMBER:

SENTITY TYPE: DOMESTIC (FOREIGN



CED AS 2010

158753096-20345319

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We must release this information to all parties upon request and it will be posted on or	ur sephelle
1. NAME OF CORPORATION OR LIMITED LIABILITY COMPANY:	OHEGON For office use only
MEM Trucking 11	SECRETARY OF STATE
2. BUSINESS ACTIVITY  Complete only the se	ections that you are updating. 6. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:
3. PRINCIPAL PLACE OF BUSINESS: (Street Address)	7. THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.
	8. THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.
4. THE REGISTERED AGENT HAS BEEN CHANGED TO:	The entity has been notified in writing of this change.  9. INDIVIDUAL WITH DIRECT KNOW! FDGE (Names and Addresses)
5. REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:  Must be an Oregon Street Address, which is identical to the registered agent's office.	List the name and address of at least one individual who is a director, or controlling shareholder of the corporation (member or manager of the LLC) or an authorized representative with direct knowledge of the operations and business activities of the corporation or LLC.
10. NAME(S) AND ADDRESS(ES)OF CORPORATE OFFICERS OR LLC MEMBERS/MANAGERS  Corporations list the name and address of one President and one Secretary (ORS 60.787, ORS 65.455, ORS 554.315).  Limited Liability Companies list the name and addresses of the managers for a manager-managed limited liability company or the name and address of at least one member for a member-managed limited liability company (ORS 63.787). Please attach a separate sheet of paper if needed.  If making changes to this section, list all current names and addresses. This replaces what is currently on the record.  PRESIDENT OR OWNER(S) (MEMBERS): (Names and Addresses)  SECRETARY OR MANAGER(S): (Names and Addresses)	
Marcos Mendoza P.O. Box 4010 Otis OR 97308	
Cassie Mendoza	
P.O. Box 406 of is OR 9736	8
11. EXECUTION: 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:	PRINTED NAME: TITLE:
Cassio Mendoja	Cassie Mendoza Owner
CONTACT NAME: (To resolve questions with this filling)	MCM TRUCKING LIC
Cassie Mendora	M&M TRUCKING LLC
PHONE NUMBER: (Include area code)  541 - 921 - 8747	