

**Assumed Business Name - New Registration**

Secretary of State - Corporation Division - 256 Capitol St. NE, Suite 161 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER:

1609441-96**FILED****OCT 28 2019****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. ASSUMED BUSINESS NAME: (To be registered) MG PROS CLEANING SERVICES

Registration or filing of a name does not grant exclusive rights or interests in that name. A name may be available for registration; however, someone else may hold a prior right to that name, or the name may be too similar to another, and may result in a case of legal action brought against the registrant for dilution or unfair competition of someone else's business.

2. DESCRIPTION OF BUSINESS: (Primary business activity)GENERAL COMMERCIAL AND RESIDENTIAL
CLEANING SERVICES**4. WHO IS AUTHORIZED TO REPRESENT THE OWNERS:**

(Authorized Representative) (One name only)

ALEJANDRA MATA GONZALEZ**3. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip)**20477 SW TESORO CT
BEAVERTON OR 97003**5. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**20477 SW TESORO CT
BEAVERTON OR 97003**6. NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)**

Name	Street Address	City	State	Zip
COMFORT INSULATION SPECIALISTS LLC	20477 SW TESORO CT	BEAVERTON	OR	97003

7. 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 checked="" type="checkbox"/> ALL COUNTIES (Statewide)	<input type="checkbox"/> Clackamas	<input type="checkbox"/> Deschutes	<input type="checkbox"/> Jackson	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Wasco
<input 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

8. EXECUTION/SIGNATURE(S): (All owners/registrants 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:

Alejandra Mata G.

Printed Name:

ANA MATA GONZALEZ**CONTACT NAME: (To resolve questions with this filing)**CARMEN CORTEZ**PHONE NUMBER: (Include area code)**5035477395**MG PROS CLEANING SERVICES**

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