

APPLICATION FOR REGISTRATION



Corporation Division
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E-FILED
Apr 09, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

166240896

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

SERVICEMASTER OF ASHLAND

BUSINESS ACTIVITY

FIRE AND WATER DAMAGE HOME RESTORATION

PRINCIPAL PLACE OF BUSINESS

531 PARSONS DR
MEDFORD OR 97504 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

56547384 - MASTER CLEANING SERVICE, INC.

531 PARSONS DR
MEDFORD OR 97504 USA

REGISTRANT/OWNER

KARL M HAMASU

531 PARSONS DR
MEDFORD OR 97501 USA

REGISTRANT/OWNER

56547384 - MASTER CLEANING SERVICE, INC.

531 PARSONS DR
MEDFORD OR 97501 USA

COUNTIES

JACKSON



I declare as an authorized signer, 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURES

NAME

KARL M HAMASU

TITLE

REGISTRANT

DATE SIGNED

04-09-2020

NAME

KARL M HAMASU

TITLE

REGISTRANT

DATE SIGNED

04-09-2020