



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) 988-2200 Fax: (503) 978-4381

Complete only the sections that you are updating.

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

REGISTRY NUMBER: 1577181-99

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.

For office use only

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

1. CURRENT BUSINESS NAME: Great Basin Taxidermy

2. NEW BUSINESS NAME: (If changed, \$50 fee required) (no change)

3. DESCRIPTION OF BUSINESS: taxidermy

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 1003 B Ave, La Grande OR 97850

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING or NEW Trenton Augustus Titus

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: PO Box 3288, La Grande OR 97850

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

Table with 5 columns: Registrant Name, Street Address, City, State, Zip. Row 1: Great Basin Specialties, LLC, 1003 B Ave, La Grande, OR, 97850

Table with 5 columns: Registrant Name, Street Address, City, State, Zip. Row 1: Trenton Augustus Titus, 1003 B Ave, La Grande, OR, 97850

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, 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. 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: Trenton Augustus Titus

CONTACT NAME: (To resolve questions with this filing) Cory Larvik
PHONE NUMBER: (Include area code) 541-663-8864

FEES
If Changing Business Name \$50
No Fee For Other Changes
Processing Fees are nonrefundable. Please make check payable to "Corporation Division".
Free copies are available at sos.oregon.gov/business using the Business Name Search program.