

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

Complete only the sections that you are
To review current information, please go to**FILED: OCT 13, 2021**
OREGON SECRETARY OF STATE

186016599-22655302

DESI NEIGHBORHOOD...

AMDREG

For office use only

REGISTRY NUMBER: 1860165-99

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is
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. **CURRENT BUSINESS NAME:** Desi Neighborhood Convenience Store2. **NEW BUSINESS NAME:** (If changed, \$50 fee required)3. **DESCRIPTION OF BUSINESS:** Indian Grocery Store , Convenience Store4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

16165 SW Regatta Ln # 300 Beaverton OR 97006

5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) CONTINUING ☒ or NEW ☐6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

16165 SW Regatta Ln # 300 Beaverton OR 97006

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

a. NEW REGISTRANTS/OWNERS:	Street Address	City	State	Zip
BABA Food LLC	16165 SW Regatta Ln # 300	Beaverton	OR	97006

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

Registrant Name	Street Address	City	State	Zip

9. **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 checked="" type="checkbox"/> Hood River	<input type="checkbox"/> Lane	<input type="checkbox"/> Multnomah	<input type="checkbox"/> Wallowa
<input 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"/> Columbia	<input type="checkbox"/> Gilliam	<input type="checkbox"/> Josephine	<input type="checkbox"/> Malheur	<input type="checkbox"/> Tillamook
	<input type="checkbox"/> Coos	<input type="checkbox"/> Grant	<input type="checkbox"/> Klamath	<input type="checkbox"/> Marion	<input type="checkbox"/> Umatilla
				<input type="checkbox"/> Yamhill	<input checked="" type="checkbox"/> Washington

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:

Printed Name:

RUPAM K JHA

CONTACT NAME: (To resolve questions with this filing)

RUPAM K JHA

PHONE NUMBER: (Include area code)

8482481975

Assumed Business Name - Amendment (11/17)

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.