

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sec experimental control of the Corporation - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - Salem, OR 97310-1327

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REGISTRY NUMBER: 049505-97



Free copies are available at was or and work harmon using the Business Name Search program:1

CPRS

NEWREG

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) CPRS 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. 4. WHO IS AUTHORIZED TO REPRESENT THE OWNERS: 2. DESCRIPTION OF BUSINESS: (Primary business activity) (Authorized Representative) (One name only) **Debt Collections** Timothy L. Heber 3. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 5. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: 11601 Roosevelt Blvd. 11601 Roosevelt Blvd. St Petersburg, FL 33716 St Petersburg, FL 33716 NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES: (List name and street address of each person of entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.) Street Address State Zip Name Complete Payment Recovery Services, Inc., 11601 Roosevelt Blvd., St Petersburg, FL 33716 7. COUNTIES: U Union ☐ Baker Crook ☐ Harnev ☐ Lake Morrow ☐ Wallowa Multnomah Benton Hood River C Lane Curry □ Wasco D Polk ALL COUNTIES □ Clackamas Deschutes □ Jackson U Lincoln (Statewide) Washington Clatsop Douglas Jefferson O Linn Sherman Wheeler ☐ Columbia ☐ Gilliam ☐ Josephine ☐ Malheur □ Tillamook Coos ☐ Grant l'Klamath ☐ Marion Umatilla 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. **Printed Name:** Signature: Timothy L. Heber CONTACT NAME: (To resolve questions with this filing) **FEES** Michelle Scholl Required Processing Fee Assumed Business Name filings are good for 2 years PHONE NUMBER: (Include area code) Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Assumed Business Name - New Registration (11/17)

612-877-5431