



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

FILED: JUL 6, 2022 OREGON SECRETARY OF STATE



186016599-23573075

REGISTRY NUMBER: 1860165-99

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public. We must release this information to all parties upon request and it will be posted on our website.

DESI MEGA MART

AMDREG

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

1. CURRENT BUSINESS NAME: DESI NEIGHBORHOOD CONVENIENCE STORE

2. NEW BUSINESS NAME: (If changed, \$50 fee required) Desi Mega Mart

3. DESCRIPTION OF BUSINESS: Grocery Store

4. PRINCIPAL PLACE OF BUSINESS: (Street Address, City, State, Zip) 16165 SW Regatta Ln #100 Beaverton OR-97006

5. NAME OF AUTHORIZED REPRESENTATIVE: (One name only) CONTINUING or NEW Niranjan Kura

6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE: 16820 NW Viola Street Portland OR 97229

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

Table with 5 columns: Name, Street Address, City, State, Zip. Row 1: Sheetal Gampa, 16820 NW Viola Street Portland, OR, 97229

b. WITHDRAWING REGISTRANTS/OWNERS: Navin K Jha

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, Curry, 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

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 signatures]

Printed Name: SHEETAL GAMPA, NIRANJAN KURA, NAVIN K JHA

CONTACT NAME: (To resolve questions with this filing) PHONE NUMBER: (Include area code)

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.