

**Assumed Business Name - New Registration**

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

**FILED: JUL 20, 2023  
OREGON SECRETARY OF STATE**

215104290-25086582

YAOWARAT

NEWREG

REGISTRY NUMBER: 215 1042-90In 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. ASSUMED BUSINESS NAME:** (To be registered) Yaowarat

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.

**2. DESCRIPTION OF BUSINESS:** (Primary business activity)Restaurant**4. WHO IS AUTHORIZED TO REPRESENT THE OWNERS:**

(Authorized Representative) (One name only)

Thanissara Poomlaochaeng**3. PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)7937 SE Stark St. Portland OR 97215**5. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**522 SE 70th Ave Portland OR 97215**6. NAMES OF OWNERS (REGISTRANTS) AND PUBLICLY AVAILABLE ADDRESSES:** (List name and street address of each person or entity who will conduct or transact business under the assumed business name.) (Attach a separate sheet if necessary.)

Name	Street Address	City	State	Zip
Lazy Susan Inc.	7937 SE Stark St	Portland	OR	97215

**7. 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 type="checkbox"/> Hood River | <input type="checkbox"/> Lane    | <input checked="" type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa    |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Polk                 | <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"/> Washington |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Gilliam   | <input type="checkbox"/> Josephine  | <input type="checkbox"/> Malheur | <input type="checkbox"/> Tillamook            | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Coos      | <input type="checkbox"/> Grant     | <input type="checkbox"/> Klamath    | <input type="checkbox"/> Marion  | <input type="checkbox"/> Umatilla             | <input type="checkbox"/> Yamhill    |

☐ ALL COUNTIES  
(Statewide)**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.

Signature:

Thanissara Poomlaochaeng (JUL 20, 2023 15:23 PDT)

Printed Name:

Thanissara Poomlaochaeng

CONTACT NAME: (To resolve questions with this filing)

Jenny Kwok

PHONE NUMBER: (Include area code)

503-449-8872**FEES**Required Processing Fee \$50 **CASE # 93213**

Assumed Business Name filings are good for 2 years

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.