



Phone: (503) 886-2200
Fax: (503) 378-4361

Secretary of State
Corporation Division
266 Capital St. NE, Suite 161
Salem, OR 97310-1327

Change of Registered Agent/Address—Corporations/LLC

For office use only

Check the appropriate box below:

- ☒ CHANGE OF AGENT AND ADDRESS
(Complete only 1, 2, 3, 4, 5, 6, 7, 13)
☐ CHANGE OF ADDRESS ONLY
(Complete only 1, 5, 6, 10, 11, 12, 13)

FILED

APR 08 1999

OREGON
SECRETARY OF STATERegistry Number: 026518-83

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

NOTE: Use this form for Corporations or Business Trusts.

1) NAME

D & B Supply Company, Inc.

CHANGE OF REGISTERED AGENT AND OFFICE

2) THE REGISTERED AGENT HAS BEEN CHANGED TO:

RICHARD J SCHRAUDT

3) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

4) ADDRESS OF THE NEW REGISTERED OFFICE (Must be an Oregon Street Address which is identical to the registered agent's business office.)

519 S.W. 19th StreetONTARIO, OREGON 97914

5) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

6) MAILING ADDRESS OF THE REGISTERED AGENT (If different from registered office)

3303 E. LindenLAIDLAND ID. 93605

7) EXECUTION (Must be signed by one corporate officer or director for a corporation or a member/manager for a limited liability company.)

Printed Name:

Richard J Schraudt

Signature:

R. Schraudt

Title:

President

CHANGE OF REGISTERED AGENT'S BUSINESS OFFICE ONLY

8) NEW ADDRESS OF REGISTERED AGENT (The business address of the registered agent has changed to the following Oregon Street Address.)

9) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

10) NOTIFICATION

☐ The corporation has been notified in writing of this change.

11) MAILING ADDRESS OF THE REGISTERED AGENT (If different from registered office)

12) EXECUTION (Must be signed by the registered agent or a corporate officer or director for a corporation or a member/manager for a limited liability company.)

Printed Name:

Signature:

Title:

13) CONTACT NAME

Mark R. Schmitt

DAYTIME PHONE NUMBER

208 453-2439

03319902602

\$10.00

FEES

Make check for \$10 payable to "Prevention Division"

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date must be submitted on a separate sheet for your protection.

CW
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