



Limited Liability Partnership - Information Change

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

REGISTRY NUMBER: _____

ENTITY TYPE: DOMESTIC FOREIGN

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.

For office use only

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

1. NAME OF LIMITED LIABILITY PARTNERSHIP:

2. PRINCIPAL PLACE OF BUSINESS: (Street Address)

3. ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

NAME(S) AND ADDRESS(ES) OF PARTNER(S)

4. PARTNER(S): (Name(s) and New Address(es))

(Name and New Address)

5. EXECUTION: 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: _____

TITLE: _____

DATE: _____

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

FEES

No Processing Fee

Free copies are available at sos.oregon.gov/business using the Business Name Search program.