TRADE NAME OR ASSUMED BUSINESS NAME FILING

Oregon Department of Consumer & Business Services
Division of Finance & Corporate Securities
350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
(503) 378-4140 ♦ Fax: (503) 947-7862 ♦ TTY: (503) 378-4100
www.oregondfcs.org

Pursuant to ORS 59.175(7) and OAR 441-175-0171

Date: _____ Applicant's CRD number: _____

Trade name or
assumed business name: _____

Applicant's name: _____

Business address: _____

City, State, ZIP: _____

Contact's name: _____

Phone number: ( ) _____ Fax: ( ) _____

Signature: _____

Print name: _____

Title
(if applicable): _____

☐ Visa ☐ MasterCard

Credit card number | Expiration date

Name of cardholder as shown on credit card

Cardholder signature | $ Amount

Filing fee: $50

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit-card information box.

Mail application with payment to:
DCBS — Fiscal Services
P.O. Box 14610
Salem, OR 97309-0405

Fiscal use only: 62110/1002 $50.00

DEPARTMENT OF CONSUMER & BUSINESS SERVICES