



FILED

JUN 10 2013

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

943417-90

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In accordance with Oregon Revised Statute 182.410-182.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

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

1) ASSUMED BUSINESS NAME: (To be registered)

Family Help & Wellness

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)

4) WHO IS AUTHORIZED TO REPRESENT THE OWNERS:
(Authorized Representative) (One name only)Tim Dupell

3) PRINCIPAL PLACE OF BUSINESS: (Address, city, state, zip)

5605 Inland Shores Way N., Ste. 202
Keizer, OR 97303

5) MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:

5605 Inland Shores Way N., Ste. 202
Keizer, OR 97303

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 Code

Wilderness Training and Consulting, LLC5605 Inland Shores Way N., Ste. 202
Keizer, OR 97303

7) COUNTIES:

- | | | | | | |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|-------------------------------------|
| ☐ Baker | ☐ Crook | ☐ Harney | ☐ Lake | ☐ Morrow | ☐ Union |
| ☐ Benton | ☐ Curry | ☐ Hood River | ☐ Lane | ☐ Multnomah | ☐ Wallowa |
| ☐ Clackamas | ☐ Deschutes | ☐ Jackson | ☐ Lincoln | ☐ Polk | ☐ Wasco |
| ☐ Clatsop | ☐ Douglas | ☐ Jefferson | ☐ Linn | ☐ Sherman | ☐ Washington |
| ☐ Columbia | ☐ Gilliam | ☐ Josephine | ☐ Malheur | ☐ Tillamook | ☐ Wheeler |
| ☐ Coos | ☐ Grant | ☐ Klamath | ☐ Marion | ☐ Umatilla | ☐ Yamhill |

☒ ALL COUNTIES
(Statewide)

8) EXECUTION/SIGNATURE(S): (All owners/registrants must sign.)

By my signature, I declare as an authorized authority, that 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:

Wilderness Training and Consulting, LLCBy: Opal Creek Capital, LLCBy: X [Signature]
Tim Dupell, Its Manager

Printed Name:

CONTACT N

Barbar

PHONE NUM

503-58

FAMILY HELP & WELLNESS



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Filing Processing Fee \$50

Filing Fees are nonrefundable. Please make check payable to "Corporation Division,"
copies are available at FilingInOregon.com, using the Business Name Search program.