

**Assumed Business Name - Amendment**

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327

**Complete only the sections that you are up**  
To review current information, please go to: [sos.oregon.gov/business/Pages/default.aspx](http://sos.oregon.gov/business/Pages/default.aspx)

**FILED: JUN 18, 2021**  
**OREGON SECRETARY OF STATE**



94341790-22302869

**FAMILY HELP & WELLNESS****AMDREG****REGISTRY NUMBER:** 94341790

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is pub  
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. CURRENT BUSINESS NAME:** Family Help & Wellness**2. NEW BUSINESS NAME:** (If changed, \$50 fee required)**3. DESCRIPTION OF BUSINESS:** Management Consulting**4. PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

530 Center St NE Ste 700, Salem, OR 97301

**5. NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ☐ or **NEW** ☒

Steven Stradley

**6. MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

530 Center St NE Ste 700, Salem OR, 97301

**7. REGISTRANTS/OWNERS:** (List name and publicly available street address of new registrants)(Attach separate sheet if needed)

| a. NEW REGISTRANTS/OWNERS: | Street Address | City | State | Zip |
|----------------------------|----------------|------|-------|-----|
|----------------------------|----------------|------|-------|-----|

**b. WITHDRAWING REGISTRANTS/OWNERS:****8. CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)  

| Registrant Name | Street Address | City | State | Zip |
|-----------------|----------------|------|-------|-----|
|-----------------|----------------|------|-------|-----|

**9. 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 type="checkbox"/> Multnomah | <input type="checkbox"/> Wallowa   |
| <input checked="" type="checkbox"/> ALL COUNTIES<br>(Statewide) | <input type="checkbox"/> Clackamas | <input type="checkbox"/> Deschutes  | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Lincoln   | <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"/> Columbia  | <input type="checkbox"/> Gilliam    | <input type="checkbox"/> Josephine | <input type="checkbox"/> Malheur   | <input type="checkbox"/> Tillamook |
|                                                                 | <input type="checkbox"/> Coos      | <input type="checkbox"/> Grant      | <input type="checkbox"/> Klamath   | <input type="checkbox"/> Marion    | <input type="checkbox"/> Umatilla  |
|                                                                 |                                    |                                     |                                    | <input type="checkbox"/> Yamhill   |                                    |

**10. SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative 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:****Printed Name:****Steven Stradley****CONTACT NAME:** (To resolve questions with this filing)

Wayne Laird

**PHONE NUMBER:** (Include area code)

503-304-5276

**FEES****If Changing Business Name \$50**

No Fee For Other Changes

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.