Department of Consumer and Business Services Division of Financial Regulation — 2

350 Winter St. NE, Room. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 503-378-4140 • Fax: 503-947-7862 • http://dfr.oregon.gov



REQUEST FOR A CERTIFICATE OF NAME COMPLIANCE

ORS 56,023

The exact business name to be filed with the Secretary of State: Brief description of the business services to be offered:	
Address/city/state/2	ZIP:
Phone:	
Contact:	Title:
4. If headquartered	out of state, address and telephone number of the principal home office:
Address/city/state/2	ZIP:
Phone:	
5. Complete contact phone number):	ct information for the principal of the business (name, title, address,
Address/city/state/2	ZIP:
Phone:	
Contact:	Title:
	trust company? Yes No your proposed business activities:
	y be offering bank or trust services to the public? Yes No your proposed business activities:
	which we will send our response:equested, you will receive our response via email only)
•	
9. Signature of the	principal of the business listed in No. 5:
L Division of	Please direct your request to: Division of Financial Regulation Banks and Trusts Program P.O. Box 14480, Salem, OR 97301 Fav. 503, 047,7863, Empily banks trusts@daba.gragen.gov

DEPARTMENT OF CONSUMER

and Business Services

Fax: 503-947-7862 • Email: banks.trusts@dcbs.oregon.gov

Please allow 10 business days from the date of submission for processing.