# **APPLICATION FOR REGISTRATION**

#### **E-FILED**

Apr 22, 2024

## **OREGON SECRETARY OF STATE**

#### **REGISTRY NUMBER**

225611896

**TYPE** 

ASSUMED BUSINESS NAME

**ENTITY NAME** 

INTEGRATED COOPERATIVE NETWORK

**BUSINESS ACTIVITY** 

DISTRIBUTED BUSINESS INCUBATION AND MANAGEMENT

#### PRINCIPAL PLACE OF BUSINESS

8196 SW HALL BLVD BEAVERTON OR 97008 USA

#### NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

224143594 - PROVIDE.IO LLC

8196 SW HALL BLVD BEAVERTON OR 97008 USA

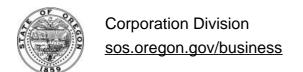
## **REGISTRANT/OWNER**

224143594 - PROVIDE.IO LLC

8196 SW HALL BLVD BEAVERTON OR 97008 USA

## **COUNTIES**

CLACKAMAS, MULTNOMAH, WASHINGTON



#### **OREGON SECRETARY OF STATE**

I declare as an authorized signer, 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

## **ELECTRONIC SIGNATURE**

NAME

TIMOTHY C PERKINS

**TITLE** 

REGISTRANT

**DATE** 

04-20-2024