

Continuation of Operations by Secured Party

(Under OAR 333-008-2160 a secured party may be appointed to continue operations if a registrant's property is foreclosed or operations are otherwise ceased.)

Section 1 — Current business information

MMD number:	MMPS number:		
Business name <i>(as registered by the secretary of state)</i> :			
Trade name <i>(as registered by the secretary of state)</i> :			
Mailing address <i>(street/suite number)</i> :			
City:		State:	ZIP:
Physical address <i>(street/suite number)</i> :			
City:		State:	ZIP:
Primary PRD/PRP name:		Email:	
Phone number:		Cell phone number:	

Section 2 — Secured party appointed to continue operations

Name of appointed secured party: _____			
Home address <i>(street/apartment number)</i> :			
City:		State:	ZIP:
Phone:	Fax <i>(optional)</i> :	Email:	
ID type: <input type="checkbox"/> Oregon driver license <input type="checkbox"/> Oregon ID card <input type="checkbox"/> Military		ID card number:	
<p>The following items must also be submitted with this form. Check each item to verify you have included all with this form:</p> <input type="checkbox"/> The \$35 criminal background check fee in the form of check or money order payable to the Oregon Health Authority; <input type="checkbox"/> Fingerprints, in accordance with instruction on OHA's webpage (http://mmj.oregon.gov); <input type="checkbox"/> A Criminal Background Check Request (OHA 9327); and <input type="checkbox"/> A copy of a government issued photo ID (<i>Oregon driver license, state ID card or military ID</i>).			

Section 3 — Signature *(required)*

By signing below, I certify that the information on this form is true and correct to the best of my knowledge. I understand that the chosen secured party may not be approved if I submit false information with this request. I have reviewed and understand the dispensary rules in OAR 333, Division 008. By signing this form, I attest that I can legally act on behalf of the business named above.

Printed name of secured party to continue operations

Signature of secured party to continue operations

Date