

CHANGE OF NAME FORM

Current Operational Name: _____

License Number (TLC): _____

Date of Request: _____

Instructions

Licensed psilocybin manufacturers, service centers and laboratories may use this form to make changes to their operational name; legal entity name; or legal name of an individual licensee. Facilitators may use this form to make changes to their legal name. Please complete only the section that is relevant to the change you are requesting and submit separate forms to request multiple changes. To add or remove a licensee or applicant please complete a separate Change of Licensee or Applicant Form for each change.

Change of Operational Name

A licensee's operational name is the name listed on the application and license certificate that a licensed psilocybin manufacturer, service center or laboratory uses for purposes of advertising and doing business with the public.

Are you requesting a change of operational name? yes no

New Operational Name: _____

Effective Date of Change: _____

Change of Legal Entity Name

A legal entity name is the name of a licensed non-profit or business entity identified as a licensee in TLC and registered with the Secretary of State. Licensed psilocybin manufacturers, service centers and laboratories may use this section to change the name of a legal entity identified as a licensee if no individual people or entities identified as licensees within that legal entity are being added or removed. To add or remove licensees, please complete a separate Change of Licensee or Applicant Form for each change.

Are you requesting a change of legal entity name? yes no

Current Legal Entity Name: _____

Current Legal Entity Secretary of State Registration Number:

Current Location Registered:

Oregon

Other Location (please list) _____

New Legal Entity Name: _____

Effective Date of Change: _____

New Secretary of State Registration Number: _____

New Location Registered:

Oregon

Other Location (please list) _____

Change of Individual Name

Are you requesting a change of legal name? ___ yes ___ no

Prior Name of Individual Licensee: _____

New Name of Individual Licensee: _____

Signature of Individual Licensee: _____

Effective Date of Change: _____

Printed Name of Licensee Completing this Form:

Signature of Licensee Completing this Form:

Date: _____