



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

Phone: (503) 986-2200
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112
Registry Number: 138047-94
Date of Incorporation: 03/20/2003
Type: DOMESTIC NONPROFIT
CORPORATION

FILED

02/16/2016

BANKS FIREFIGHTERS ASSOCIATION

AUG 24 2016

OREGON
SECRETARY OF STATE

RECEIVED

MAY 04 2016

RE: BANKS FIREFIGHTERS ASSOCIATION
REINSTATEMENT AMENDED

Please complete and return this letter and any enclosed documents for filing the requested
reinstatement/reactivation.

DEPARTMENT OF JUSTICE
PORTLAND LEGAL

We are unable to process your document due to the following reason(s):

Submit \$200.00 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of
administrative dissolution is 05/16/2014.

The reason(s) for administrative dissolution/cancellation has been eliminated or did not exist.

By: [Signature]

(Authorized Signature)

Date: 05/02/2016

Any fees submitted with this document are nonrefundable and will be held for 45 days. If the document is returned for
filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200

BANKS FIREFIGHTERS ASSOCIATION



13804794-17217338

REIANA

JENORA
NONFILEABLE
02/16/2016



Secretary of State
Corporation Division
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REINSTATEMENT ANNUAL REPORT

Registry Number: 138047-94

Date of Incorporation: 03/20/2003

Type: DOMESTIC NONPROFIT CORPORATION

BANKS FIREFIGHTERS ASSOCIATION
13430 NW MAIN ST
BANKS OR 97106

RECEIVED

MAY 04 2016

Name of Domestic Nonprofit Corporation
BANKS FIREFIGHTERS ASSOCIATION

DEPARTMENT OF JUSTICE
PORTLAND LEGAL

Jurisdiction: OREGON

Nonprofit Type: Public Benefit With Members

The following information is required by statute. Please complete the entire form.

Registered Agent

~~KATIE SCHMIDLIN~~
~~300 SOUTH MAIN ST~~
~~BANKS OR 97106~~

? Sean McGonigal
13430 NW Main St
Banks OR 97106

If the Registered Agent has changed, the new Agent has consented to the appointment. Oregon street address required.

1) Type of Business

2) Principal Place of Business (Str. address, city, state, zip)

~~300 SOUTH MAIN ST~~ 13430 NW Main St
BANKS OR 97106 Banks OR 97106

3) Mailing Address (Address, city, state, zip)

13430 NW MAIN ST
BANKS OR 97106

4) President Name and Address

SCOTT COUSSENS
44559 NE HARTWICK
BANKS OR 97106

? Sean McGonigal
c/o 13430 NW Main St
Banks, OR 97106

5) Secretary Name and Address

JULIE KEMPER
300 S MAIN ST
BANKS OR 97106

825 ? Chelsea Morton
c/o 13430 NW Main St
Banks, OR 97106

6) Signature

Sean McGonigal

7) Printed Name

Sean McGonigal

8) Date

05/02/2016

9) Daytime Phone Number

503-324-6262

Make check payable to "Corporation Division" and mail completed form with payment to Secretary of State, Corporation Division, 255 Capitol ST NE Suite 151, Salem, OR 97310-1327.

Note: You can also fax to (503) 378-4381. Filing fees may be paid with VISA or MasterCard. Submit the card number and expiration date on a separate page for your protection.