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

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2025 ANNUAL REPORT

Registry Number: 62958880
Date of Incorporation: 4/21/1998
Fee: $50
Due Date: 4/21/2025
Type: DOMESTIC NONPROFIT CORPORATION

000526

FIRST STORY
963 SW SIMPSON STE 110
BEND OR 97702

FILED: APR 21, 2025
OREGON SECRETARY OF STATE

62958880-27639491

FIRST STORY **RENANA**

Name of Domestic Nonprofit Corporation
FIRST STORY
Jurisdiction: OREGON
Non-Profit Type: PUBLIC BENEFIT

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
CLAIRE DUNCAN
963 SW SIMPSON AVE STE 110
BEND, OR 97702

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 (Address,city,state,zip)
963 SW SIMPSON AVE STE 110
BEND, OR 97702

3) Mailing Address (Address,city,state,zip)
963 SW SIMPSON STE 110
BEND, OR 97702

4) President (Name & Address)
MATT ROBINSON
963 SW SIMPSON AVE STE 110
BEND, OR 97702

5) Secretary (Name & Address)
ALICIA MOORE
963 SW SIMPSON STE 110
BEND, OR 97702

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. 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.

6) Signature CDuncan **7) Printed Name** CLAIRE DUNCAN

8) Date 3/19/2025 **9) Phone Number** 541-728-0830 xt. 5

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

MAL