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: 45244191
Date of Incorporation: 7/26/2007
Fee: $50
Due Date: 7/26/2025
Type: DOMESTIC NONPROFIT CORPORATION

FILED: JUL 10, 2025
OREGON SECRETARY OF STATE

45244191-27957279

000394

GORGE ARTISTS INC.
PO BOX 1424
HOOD RIVER OR 97031

GORGE ARTISTS INC. **RENANA**

Name of Domestic Nonprofit Corporation

GORGE ARTISTS INC.

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

JANET BYRKIT
1537 STATE RD
MOSIER, OR 97040

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

PLEASE UPDATE NAME TO
JANET BYRKIT BICKFORD

1) Type of Business

2) Principal Place of Business (Address,city,state,zip)

1537 STATE RD
MOSIER, OR 97040

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

PO BOX 1424
HOOD RIVER, OR 97031

4) President (Name & Address)

JAN BYRKIT
1537 STATE ROAD
MOSIER, OR 97040

5) Secretary (Name & Address)

JUDY LARSEN
903 OAK STREET
HOOD RIVER, OR 97031

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

7) Printed Name TREASURER JURIS SARINS

8) Date 18 JUNE 2025

9) Phone Number 773 282 7678

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