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

RECEIVED JAN 15 2026

2026 ANNUAL REPORT

Registry Number: 8891012
Date of Incorporation: 2/27/1970
Fee: $50
Due Date: 2/27/2026
Type: DOMESTIC NONPROFIT CORPORATION

FILED: FEB 24, 2026
OREGON SECRETARY OF STATE

8891012-28870407

GARTEN SERVICES, INC. **RENANA**

000580

GARTEN SERVICES, INC.
PO BOX 13970
SALEM OR 97309

ENTERED JAN 27 2026

Name of Domestic Nonprofit Corporation
GARTEN SERVICES, 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

ASHLEY WILSON
500 HAWTHORNE AVE SE
SALEM, OR 97301

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

1) Type of Business GARTEN'S MISSION IS TO SUPPORT PEOPLE WITH DISABILITIES IN THEIR EFFORT TO...

2) Principal Place of Business (Address,city,state,zip)
500 HAWTHORNE AVE SE
SALEM, OR 97301

3) Mailing Address (Address,city,state,zip)
PO BOX 13970
SALEM, OR 97309

4) President (Name & Address)
ANDREW SPRAUER
500 HAWTHORNE AVE SE
SALEM, OR 97301

5) Secretary (Name & Address)
~~REELECT ON 09012025 REELECT ON 09012025~~
500 HAWTHORNE SE
SALEM, OR 97301 Allan Pollock

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 Ashley Wilson **7) Printed Name** Ashley Wilson

8) Date 01/26/26 **9) Phone Number** 971.380.5359

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.

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