APPLICATION FOR REGISTRATION

Corporation Division
sos.oregon.gov/business

E-FILED
May 12, 2026
OREGON SECRETARY OF STATE

REGISTRY NUMBER

257362294

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

THREE RIVERS CASINO

BUSINESS ACTIVITY

TRIBAL CASINO AND HOTEL

PRINCIPAL PLACE OF BUSINESS

5647 HWY 126
FLORENCE OR 97439 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

CINDY CASTRO

5647 HWY 126
FLORENCE OR 97439 USA

REGISTRANT/OWNER

CONFEDERATED TRIBES OF COOS, LOWER UMPQUA & SIUSLAW INDIANS

1245 FULTON AVE
COOS BAY OR 97420 USA

COUNTIES

BAKER, BENTON, CLACKAMAS, CLATSOP, COLUMBIA, COOS, CROOK, CURRY, DESCHUTES, DOUGLAS, GILLIAM, GRANT, HARNEY, HOOD RIVER, JACKSON, JEFFERSON, JOSEPHINE, KLAMATH, LAKE, LANE, LINCOLN, LINN, MALHEUR, MARION, MORROW, MULTNOMAH, POLK, SHERMAN, TILLAMOOK, UMATILLA, UNION, WALLOWA, WASCO, WASHINGTON, WHEELER, YAMHILL

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter or otherwise misrepresent the identity of the person or any officers, directors, members, managers, or agents. 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

CINDY CASTRO

TITLE

REGISTRANT

DATE

05-11-2026