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

2023 ANNUAL REPORT

REGISTRY NUMBER: 100054196
DATE OF FILING: 4/22/2014
FEE: $50
DUE DATE: 4/22/2023
TYPE: DOMESTIC NONPROFIT CORPORATION

0049

BRYAN YOUNG
325 MAPLE ST
JUNCTION CITY OR 97448

FILED: APR 6, 2023
OREGON SECRETARY OF STATE
100054196-24692094
OAKLEA PARENT GROUP **RENANA**

Business Name: OAKLEA PARENT GROUP

Jurisdiction: OREGON

Non-Profit Type: PUBLIC BENEFIT WITH MEMBERS

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:
BRYAN YOUNG

STREET ADDRESS: (Must be an Oregon Physical Street Address)
325 MAPLE ST, JUNCTION CITY, OR 97448

If the Registered Agent has changed, the new Agent has consented to the appointment.

Type of Business:

Principal Place of Business Address:
(Physical Street Address)
1515 ROSE ST, JUNCTION CITY, OR 97448

Mailing Address:
1515 ROSE STREET, JUNCTION CITY, OR 97448

President Name and Address
~~AMBER SHOSHIN~~ Kristen Sanguins
~~196 SPRINGWOOD DR, EUGENE, OR 97404~~ 1171 Laurel St. Junction City, OR 97448

Secretary Name and Address
MELISSA ~~KEGEL~~ Woods
~~430 SW LAUREL ST,~~ JUNCTION CITY, OR 97448
1020 Spruce St.

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.

Signature Melissa Kegel OP6 treasurer **Printed Name** Melissa Kegel

Date 3-27-2023 **Phone Number** 541-255-9379

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.