



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

2024 ANNUAL REPORT

Registry Number: 43342187

Date of Incorporation: 12/20/1994

Fee: \$50

Due Date: 12/20/2024

Type: DOMESTIC NONPROFIT CORPORATION

000396

FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL ETHICS
PO BOX 11615
EUGENE OR 97440

FILED: DEC 16, 2024
OREGON SECRETARY OF STATE



43342187-27104989

FOREST SERVICE EMPLOYEES FOR...

RENANA

Name of Domestic Nonprofit Corporation

FOREST SERVICE EMPLOYEES FOR ENVIRONMENTAL ETHICS, 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

ANDY STAHL
ANDY STAHL
1234 PEARL ST STE 1
EUGENE, OR 97401

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

1) Type of Business OUR MISSION IS TO PROTECT NATIONAL FORESTS AND TO REFORM THE U.S. FOREST SERVICE...

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

1234 PEARL STREET EUGENE OR USA
SUITE 1
EUGENE, OR 97401

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

PO BOX 11615
EUGENE, OR 97440

4) President (Name & Address)

DAVE IVERSON
1234 PEARL ST STE 1
EUGENE, OR 97401

5) Secretary (Name & Address)

KEVIN HOOD
1234 PEARL ST STE 1
EUGENE, OR 97401

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

M. Gravesen

7) Printed Name

MARSHA GRAVESEN

8) Date

11/7/24

9) Phone Number

541-484-2692

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.