

6-7-11 35 12 100



Secretary of State  
Corporation Division  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327

Phone: (503) 986-2200  
Fax: (503) 378-4381  
www.filinginoregon.com

**Registry Number: 680088-88**  
**Date of Incorporation: 03/15/1999**  
**Type: DOMESTIC NONPROFIT CORPORATION**

**FILED**

**JUN 10 2011**

**OREGON  
SECRETARY OF STATE**

RE: NANISH SHONTIE

APPLICATION FOR REINSTATEMENT/REACTIVATION

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative dissolution is 05/13/2011

The reason(s) for administrative dissolution has been eliminated or did not exist.

By: Mala J. Eagle P. Esq. Date: 5/24/2011  
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry  
Corporation Division  
(503) 986-2200

NANISH SHONTIE



68008888-12758572

REIANA



Secretary of State  
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**REINSTATEMENT ANNUAL REPORT**  
**Registry Number: 680088-88**  
**Date of Incorporation: 03/15/1999**

**Type: DOMESTIC NONPROFIT CORPORATION**

NANISH SHONTIE  
P O BOX 10008  
EUGENE OR 97440

**Name of Domestic Nonprofit Corporation**

NANISH SHONTIE

**Jurisdiction:** OREGON

**Non Profit:** Public Benefit

The following information is required by statute. Please complete the entire form.

**Registered Agent**

DAVID ATKIN  
590 W 13TH AVE  
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**

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

P O BOX 17  
BLACHLY OR 97412

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

P O BOX 10008  
EUGENE OR 97440

**4) President (Name & Address)**

MALA SPOTTED EAGLE POPE  
P O BOX 17  
BLACHLY OR 97412

**5) Secretary (Name & Address)**

SANDRA YOUNG SPARROW POPE  
PO BOX 17  
BLACHLY OR 97412

**6) Signature**

*Mala Spotted Eagle Pope*

**8) Date**

5/24/2011

**7) Printed Name**

MALA SPOTTED EAGLE POPE

**9) Daytime Phone Number**

(541) 342-6336

Make check payable to "Corporation Division" and mail completed form with payment to  
Secretary of State, Corporation Division, 255 Capitol ST NE Suite 151, Salem, OR 97310  
Note: You can also fax to (503) 378-4381. Filing fees may be paid with VISA or MasterCard.  
Submit the card number and expiration date on a separate page for your protection.

ANRPF1-05/17/11