



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

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

Registry Number: 54096681
Date of Incorporation: 10/23/1996
Type: DOMESTIC NONPROFIT
CORPORATION

FILED

JAN 06 2016

OREGON
SECRETARY OF STATE

RE: SOUTHERN OREGON SOCCER OFFICIALS ASSOCIATION

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 12/24/2015

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

By: *M. J. Walker* Date: 12-29-2015
(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

SOUTHERN OREGON SOCCER OFFICIAL



54096681-16667297

RETANA



Secretary of State
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REINSTATEMENT ANNUAL REPORT
Registry Number: 54096681
Date of Incorporation: 10/23/1996
Type: DOMESTIC NONPROFIT CORPORATION

SOUTHERN OREGON SOCCER OFFICIALS ...
PO BOX 3231
CENTRAL POINT OR 97502

Name of Domestic Nonprofit Corporation

SOUTHERN OREGON SOCCER OFFICIALS ASSOCIATION

Jurisdiction: OREGON

Non Profit: Public Benefit With Members

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

Registered Agent

RAYNEE WILSON
1130 SW BALLINGER DR
GRANTS PASS OR 97526

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

1) Type of Business Soccer Referee Association

2) Principal Place of Business (Address,city,state,zip)
1130 SW BALLINGER DR
GRANTS PASS OR 97526

3) Mailing Address (Address,city,state,zip)
PO BOX 3231
CENTRAL POINT OR 97502

4) President (Name & Address)
RAYNEE WILSON
1130 SW BALLINGER DR
GRANTS PASS OR 97526

5) Secretary (Name & Address)
~~DOUGLAS KENDIG~~ MARK WALLACE
1549 SATELLITE DR 1961 Cloverlawn Dr
MEDFORD OR 97504 GRANTS Pass, OR
97527

6) Signature
Mark Wallace

7) Printed Name
MARK WALLACE

8) Date
12-29-2015

9) Daytime Phone Number
541-479-5773

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.

ANRPF1-
12/26/15