



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

Phone: (503)986-2200  
Fax: (503)378-4381  
<https://sos.oregon.gov/business/>

**2020 ANNUAL REPORT**  
**Registry Number: 2218014**  
**Date of Incorporation: 05/16/1919**  
**Fee: \$100**  
**Due Date: 05/16/2020**  
**Type: DOMESTIC BUSINESS CORPORATION**

THOMPSON CREEK IRRIGATION ASSOCIATION  
3120 THOMPSON CRK RD  
APPLEGATE OR 97530

FILED: APR 14, 2020  
OREGON SECRETARY OF STATE



2218014-21001092

THOMPSON CREEK IRRIGATION...

RENANA

**Name of Domestic Business Corporation**

THOMPSON CREEK IRRIGATION ASSOCIATION

**Jurisdiction: OREGON**

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

**Registered Agent**

BARBARA NIEDERMEYER  
3120 THOMPSON CRK RD  
APPLEGATE OR 97530

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)**

3120 THOMPSON CRK RD  
APPLEGATE OR 97530

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

3120 THOMPSON CRK RD  
APPLEGATE OR 97530

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

DAVID DOBBS  
9550 THOMPSON CRK RD  
APPLEGATE OR 97530

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

BARBARA NIEDERMEYER  
3120 THOMPSON CRK RD  
APPLEGATE OR 97530

**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**

*Barbara A. Niedermeyer*

**7) Printed Name**

Barbara A. Niedermeyer

**8) Date**

April 5, 2020

**9) Phone Number**

541-846-7635

Make check payable to "Corporation Division" and mail 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 y

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