

FILED

Secretary of State
State of Washington

Date Filed: 01/18/2018
Effective Date: 01/18/2018
UBI No: 601 596 609



Office of the Secretary of State
Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234
Phone: 360 - 725 - 0377 • Web Address: www.sos.wa/corps
 Nonprofit \$10

All Other Entity Types \$60

Expedite Service \$50

This Box For Office Use Only

ANNUAL REPORT

RCW 23.95.255 & 24.03.395

ENTITY INFORMATION	
Entity Name: <u>Greater Maple Valley Unincorporated Area Council</u>	
UBI: <u>601-569-609</u> <u>601-596-609</u>	
CURRENT REGISTERED AGENT	
Name: <u>Steven C Hiester</u>	
Registered Agent Street Address (required) (Must be the physical address)	Registered Agent Mailing Address (optional)
Country: <u>United States</u>	Country: <u>United States</u>
Address 1: <u>20428 SE 222nd ST</u>	Address 1: _____
Address 2: _____	Address 2: _____
Zip: <u>98038</u>	Zip: _____
City: <u>Maple Valley</u>	City: _____
State: <u>Washington</u>	State: <u>Washington</u>
If the Registered Agent's address or name above has changed, please complete the section on the next page. If no changes are required, please check box : "NO CHANGE TO REGISTERED AGENT".	
<input checked="" type="checkbox"/> NO CHANGE TO REGISTERED AGENT	
ONLY COMPLETE NEXT SECTION IF A CHANGE IS BEING MADE TO THE REGISTERED AGENT	

NEW REGISTERED AGENT

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

A Registered Agent consent is still required for a Commercial Registered Agent located on the next page.

If No, please continue to the next page to provide the Registered Agent

A Commercial Registered Agent is an entity/individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

Please check one type of Registered Agent below, provide a street address. Mailing address if needed.

<input type="checkbox"/> Individual _____ First and last name of a Noncommercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Entity _____ Name of a Noncommercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	<input type="checkbox"/> Office or Position _____ List the Office or Position service as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, or Treasurer.)
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Phone: _____

Email: _____

Check if Street and Mailing Address are the same (Only if street address is NOT a PO Box or PMB)

Registered Agent Street Address (required) (Must be the physical address)	Registered Agent Mailing Address (optional)
Country: <u>United States</u>	Country: <u>United States</u>
Address 1: _____ _____	Address 1: _____ _____
Address 2: _____ _____	Address 2: _____ _____
Zip: _____	Zip: _____
City: _____	City: _____
State: <u>Washington</u>	State: <u>Washington</u>

REGISTERED AGENT CONTINUED

REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____

Signature of Registered Agent

Printed Name/Title

Date

PRINCIPAL OFFICE

Phone: 425432-8391

Email: Hies-Skel@hotmail.com

Check if Street and Mailing Address are the same (Only if mailing address is NOT a PO Box or PMB)

Street Address
(Must be the physical address)

Mailing Address

Country: USA

Country: _____

Washington State Address

Washington State Address

Address: 20428 SE 222nd St

Address: _____

Maple

Zip: 98038 City: Maple Valley

Zip: _____ City: _____

Foreign Address (Optional)

Foreign Address (Optional)

Address: _____

Address: _____

Zip: _____ City: _____

Zip: _____ City: _____

State: _____

State: _____

GOVERNOR (S) *

Individual:

First Name: Steven Last Name: Hlester
First Name: Rhys Last Name: Sterling
First Name: Peter Last Name: Rimbo

Entity:

Entity Name: _____
Entity Name: _____

NATURE OF BUSINESS

Briefly describe the type of business your entity conducts in the state of Washington:
Advisory group for community

EFFECTIVE DATE

Date of filing Specify a Date _____ (Cannot be more than 90 days from received date)

CONTROLLING INTEREST

Ownership of Real Property

Does your company own real property (including leasehold interests) in Washington? YES OR NO

Controlling Interest Transfer

Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest? YES OR NO

Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest? YES OR NO

You **MUST** contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

- This company owns land, buildings or other real estate in Washington State,
AND
* You answered "YES" to question 1 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220
For more information, please call the Department of Revenue at (360) 534-1503 or visit www.dor.wa.gov/REET
Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034
www.business.wa.gov/BLS or call 360-705-6744. Fax 360-705-6699

GOVERNOR (S) *

Individual:
 First Name: Adam Last Name: Sterling
 First Name: Sue Last Name: Nuener
 First Name: _____ Last Name: _____
Entity:
 Entity Name: _____
 Entity Name: _____

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Date of filing Specify a Date _____ (Cannot be more than 90 days from received date)

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 Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034
www.business.wa.gov/BLS or call 360-705-6744. Fax 360-705-6699

AUTHORIZED PERSON

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

Signature of Authorized Person: Steven C. Hiester Date: 12/5/2017

Print Name and Title: Steven C. Hiester, Chairman

Phone Number: 425-432-8391

Email: HIES_SKEL@hotmail.com

FILING CORRESPONDENCE ADDRESS

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailing address. (Optional)

Attention to: _____

Email: _____

Address: _____

City _____ State _____ Zip _____