

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003824

**FILED**  
**Apr 15, 2017**  
**Secretary of State**  
**CC7778727650**

**Entity Name:** ALTA PLANNING + DESIGN, INC.

**Current Principal Place of Business:**

711 SE GRAND AVENUE  
PORTLAND, OR 97214

**Current Mailing Address:**

711 SE GRAND AVENUE  
PORTLAND, OR 97214 US

**FEI Number:** 68-0465555

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MANGLE, KATHRYN  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title DIRECTOR  
Name WALKER, G. WADE  
Address 108 S MAIN STREET  
SUITE B  
City-State-Zip: DAVIDSON NC 28036

Title DIRECTOR  
Name COCK, JOHN  
Address 108 S MAIN STREET  
SUITE B  
City-State-Zip: DAVIDSON NC 28036

Title DIRECTOR  
Name DURRANT, STEVEN  
Address 1402 THIRD AVENUE  
SUITE 206  
City-State-Zip: SEATTLE WA 98101

Title DIRECTOR  
Name GILPIN, JOSEPH  
Address 125 WEST MAIN STREET  
City-State-Zip: BOZEMAN MT 59715

Title DIRECTOR  
Name HONDORP, BRETT  
Address 100 WEBSTER STREET  
SUITE 300  
City-State-Zip: OAKLAND CA 94607

Title TREASURER  
Name HONDORP, BRETT  
Address 100 WEBSTER STREET  
SUITE 300  
City-State-Zip: OAKLAND CA 94607

Title DIRECTOR  
Name HUDSON, GEORGE  
Address 711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATALIE LOZANO

**CORPORATE SECRETAR** 04/15/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            HUDSON, GEORGE  
Address         711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title            CORPORATE SECRETARY  
Name            LOZANO, NATALIE  
Address         711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title            DIRECTOR  
Name            ROSE, MICHAEL  
Address         711 SE GRAND AVENUE  
City-State-Zip: PORTLAND OR 97214

Title            DIRECTOR  
Name            JONES, MICHAEL  
Address         1410 THIRD STREET  
City-State-Zip: SAN RAFAEL CA 94901

Title            DIRECTOR  
Name            HAYES, MATTHEW  
Address         111 E. CHAPEL HILL STREET  
                  STE. 100  
City-State-Zip: DURHAM NC 27701