

APPLICATION FOR REGISTRATION



Corporation Division
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E-FILED
Jun 09, 2021
OREGON SECRETARY OF STATE

REGISTRY NUMBER

183381798

TYPE

ASSUMED BUSINESS NAME

ENTITY NAME

VALOR FAMILY FARM FOUNDATION

BUSINESS ACTIVITY

NONPROFIT NURSERY

PRINCIPAL PLACE OF BUSINESS

38401 KICKBUSCH LN
SPRINGFIELD OR 97478 USA

NAME & ADDRESS OF AUTHORIZED REPRESENTATIVE

MARC BROOKS BROOKS

1428 LIBERTY ST NE
SALEM OR 97301 USA

REGISTRANT/OWNER

171798896 - CASCADE RELIEF TEAM INC.

1428 LIBERTY ST NE
SALEM OR 97301 USA

COUNTIES

BAKER, BENTON, CLACKAMAS, CLATSOP, COLUMBIA, COOS, CROOK, CURRY, DESCHUTES, DOUGLAS, GILLIAM, GRANT, HARNEY, HOOD RIVER, JACKSON, JEFFERSON, JOSEPHINE, KLAMATH, LAKE, LANE, LINCOLN, LINN, MALHEUR, MARION, MORROW, MULTNOMAH, POLK, SHERMAN, TILLAMOOK, UMATILLA, UNION, WALLOWA, WASCO, WASHINGTON, WHEELER, YAMHILL



I declare as an authorized signer, that 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.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURES

NAME

MARC BROOKS

TITLE

REGISTRANT

DATE SIGNED

06-09-2021

NAME

MARC BROOKS BROOKS

TITLE

REGISTRANT

DATE SIGNED

06-09-2021