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

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

**REGISTRY NUMBER:** 235242393
**TYPE:** DOMESTIC NONPROFIT CORPORATION

**Next Renewal Date:** 1/13/2026

SIUSLAW CHILDCARE FRIENDS
PO BOX 108
YACHATS OR 97498

## Acknowledgment Letter

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

**DOCUMENT**
ARTICLES OF AMENDMENT

**FILED ON**
9/18/2025

**STATUS**
ACTIVE

**NAME**
SIUSLAW CHILDCARE FRIENDS

**JURISDICTION**
OREGON

**NONPROFIT TYPE**
PUBLIC BENEFIT

**REGISTERED AGENT**
KENNETH LAYNE MORRILL
628 RADAR ROAD
YACHATS, OR 97498

**MAILING ADDRESS**
PO BOX 108
YACHATS, OR 97498

**PRESIDENT**
ADRIAN POLLUT
4919 S LOFTUS RD
FLORENCE, OR 97439

**SECRETARY**
CONNIE FORD
PO BOX 472
FLORENCE, OR 97439

**Corporate Transparency Act**

Visit **www.FinCEN.gov/BOI** for the latest information regarding beneficial ownership reporting requirements.

# Articles of Amendment - Nonprofit

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR [illegible] sos.oregon.gov/business - Phone: (503) 986-2200

**FILED: SEP 18, 2025**
**OREGON SECRETARY OF STATE**

235242393-28221424

**REGISTRY NUMBER:** 2352423-93

**SIUSLAW CHILDCARE FRIENDS** **AMDART**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** Ink.

1) **ENTITY NAME:** SIUSLAW CHILDCARE FRIENDS

2) **STATE THE ARTICLE NUMBER(S):** and set forth the article(s) as it is amended to read. (Attach a separate sheet if necessary.)

6. President: Adrian Pollut, 4919 S Loftus Rd, Florence, OR 97439.

7. Secretary: Connie Ford, PO Box 472, Florence, OR 97439

3) **THE AMENDMENT WAS ADOPTED ON:** 09-11-2025

(If more than one amendment was adopted, identify the date of adoption of each amendment.)

4) **CHECK THE APPROPRIATE STATEMENT:**

☒ Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

☐ Membership approval was required.

The membership vote was as follows:

| Class(es) entitled to vote | Number of members entitled to vote | Number of votes entitled to be cast | Number of votes cast FOR | Number of votes cast AGAINST |
|---|---|---|---|---|
| | | | | |

5) **EXECUTION:** (Must be signed by at least one officer or director.)
I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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.

| Signature: | Printed Name: | Title: |
|---|---|---|
| Connie Ford | Connie Ford | Secretary |

**CONTACT NAME:** (To resolve questions with this filing.)
K. Layne Morrill

**PHONE NUMBER:** (Include area code.)
602-432-6291

**FEES**

Required Processing Fee $50

Processing Fees are nonrefundable. Please make check payable to "Corporation Division." Free copies are available at sos.oregon.gov/business, using the Business Name Search program.