# **AMENDED ANNUAL REPORT**



### **E-FILED**

Jan 10, 2014

#### **OREGON SECRETARY OF STATE**

#### **REGISTRY NUMBER**

61336682

#### **REGISTRATION DATE**

01/15/1998

### **BUSINESS NAME**

NANCY DOTY, INC.

## **BUSINESS ACTIVITY**

PROFESSIONAL FIDUCIARY SERVICES FOR ELDERLY AND MENTALLY ILL PATIENTS

## **MAILING ADDRESS**

C/O MARKOWITZ HERBOLD ET AL 1211 SW FIFTH AVENUE SUITE 3000 PORTLAND OR 97204 USA

#### **TYPE**

DOMESTIC BUSINESS CORPORATION

#### PRIMARY PLACE OF BUSINESS

4030 NE 42ND

PORTLAND OR 97213 USA

### **JURISDICTION**

**OREGON** 

#### **REGISTERED AGENT**

JEFFREY M EDELSON

MARKOWITZ HERBOLD ET AL 1211 SW FIFTH AVENUE SUITE 3000 PORTLAND OR 97204 USA

## **PRESIDENT**

**NANCY DOTY** 

4030 NE 42ND

PORTLAND OR 97213 USA

### **SECRETARY**

**NANCY DOTY** 

4030 NE 42ND

PORTLAND OR 97213 USA



#### **OREGON SECRETARY OF STATE**

By my signature, I declare as an authorized authority, 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 SIGNATURE**

DIANE L THOMPSON - POWER OF ATTORNEY

#### **DATE SIGNED**

01-10-2014

The designated Power of Attorney or Attorney-in-Fact electronically signed this application.