

## Amended Annual Report

### BUSINESS INFORMATION

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Business Name:

**SECOND CHANCE RANCH**

UBI Number:

**601 980 369**

Business Type:

**WA NONPROFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**1810 W PARADISE RD, SPOKANE, WA, 99224-9255, UNITED STATES**

Principal Office Mailing Address:

**1810 W PARADISE RD, SPOKANE, WA, 99224-9255, UNITED STATES**

Expiration Date:

**09/30/2021**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**09/14/1999**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**CHARITABLE**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
SECOND CHANCE RANCH	1810 W PARADISE ROAD, SPOKANE, WA, 99224, UNITED STATES	PO BOX 19602, SPOKANE, WA, 99219, UNITED STATES

### PRINCIPAL OFFICE

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Phone:

**5094437003**

Email:

**INFO@SECONDCHANCERANCH.ORG**

Street Address:

**1810 W PARADISE RD, SPOKANE, WA, 99224-9255, USA**

Mailing Address:

**1810 W PARADISE RD, SPOKANE, WA, 99224-9255, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		KATIE	MERWICK
GOVERNOR	INDIVIDUAL		VALERIE	BURGESS
GOVERNOR	INDIVIDUAL		JESSICA	HOPPE

## NATURE OF BUSINESS

☐ CHARITABLE

## EFFECTIVE DATE

Effective Date:

**11/13/2020**

## RETURN ADDRESS FOR THIS FILING

Attention:

**KATIE MERWICK**

Email:

**KATIE@SECONDCHANCERANCH.ORG**

Address:

**PO BOX 19602, SPOKANE, WA, 99219, USA**

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

## AUTHORIZED PERSON

☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**KATIE**

Last Name:

**MERWICK**

Entity Name:

**SECOND CHANCE RANCH**

Title:

**PRESIDENT**

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